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The Lived Experiences of 'Home' for Women Waiting to Relocate into a Long-Term Care Home

by

Emilie Gaudet

A thesis
presented to Lakehead University
in fulfillment of the
thesis requirement for the degree of
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Thunder Bay, Ontario, Canada, 2020

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AUTHOR'S DECLARATION

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners. I understand that my thesis may be made electronically available to the public.

LIVED EXPERIENCES OF 'HOME'

ABSTRACT

'Home' is typically described as a haven for safety, comfort, privacy, and familiarity. For older women who are unsure of their future or who may have a different relationship with their place of residence, 'home' is an experience that may be difficult to define. The purpose of this study was to gain a better understanding of older women's lived experiences of 'home' when they are on a waitlist to relocate into a long-term care home. Using a hermeneutic phenomenology approach, three women were interviewed about their experience of 'home' and how being on a waitlist affected the experience. For each woman, the experience of 'home' was rooted in their individual life stories and their perspectives on waiting to relocate to a long-term care home were varied. Despite the differences, several common themes emerged from the interviews: 1) home is described as a feeling; 2) home is experienced through spatial embodiment; 3) the role others play in the meaning of 'home'; 4) home is expressed through memories and past experiences; and 5) the experience of 'home' through aging, life stages, and life events. The results of this study have implications for practice for staff of home care organizations and long-term care homes who work directly with older women who are on a waitlist to move into a long-term care home or who have recently relocated into a long-term care home. This understanding of older women's experience of 'home' through relocation could help staff make the transition an easier process.

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ABBREVIATIONS

ADL: activities of daily living

HCC: Home and Community Care

HRM: Hogarth Riverview Manor

LHIN: Local Health Integration Network

LTCH: Long Term Care Home

NW: North West

NWO: North Western Ontario

CHAPTER ONE: INTRODUCTION

It is no surprise that in older age, relocating can be quite difficult. Older people are more likely to develop strong attachments to places they call home, and tend to have lived in their places of residence for a significant length of time (Lewicka, 2011). In addition, many older adults are more likely to identify with statements that link home and identity, such as "I am a resident of [city/neighborhood]" (Lewicka, 2011). How one refers to oneself is influenced by attachment to a given place and contributes to one's identity.

For older adults, sense of self and identity are shaped by decades of living. As described by Chaudhury, we subconsciously and continuously re-create, re-define, and re-shape our self-identities based on our lived experiences (Chaudhury, 2008, p. 5). This sense of self and identity transcends into how older people relate to 'home':

"Beyond meeting the need for shelter, a true home is where we can be ourselves and be at home. Home sets the stage of our life experience; it is the psychological and emotional frame of reference from which we can relate to all other places and life experiences. It is the space where we express ourselves and socially interact and where events of joy and sorrow take place. Home is where we grow old and become comfortable; where we can manage our daily lives in spite of frailty. Home is a reality defined by personal life experiences and, for some, a product of imagination." (Chaudhury, 2008, pp. 7–8)

As mentioned above, 'home' is typically seen as a space of comfort and security. However, that might not be the case for everyone. For some, being comfortable may not be possible in their 'home'. For these people, their place of residence may play a different role in shaping their sense of self or expressing their identity.

An important group to consider in answering these questions are older women. Older adults have been viewed as a homogenous group for a long time and research that considers how gendered differences in circumstances can influence the lived experience is important. The present study sought to explore the lived experiences of 'home' for older women who are anticipating relocation into a long-term care home (LTCH) as well as for women who had recently relocated to a LTCH. Unfortunately, due to a global outbreak of the Covid-19 virus and resulting restrictions in the province of Ontario, I was unable to

explore the experiences of women who had recently relocated to a LTCH. More details about the impact of the Covid-19 pandemic on this study are explained in *Chapter Five: Discussion*. The remainder of this thesis reads as an account of the work that was completed successfully as part of this study. The aspects of the originally proposed plan of the research study that could not be completed are described in *Appendix A: Originally Proposed Study Design*.

The purpose of the study was to obtain insight into older women's particular lived experiences and the experience of 'home' while keeping their specific circumstances in consideration. In Chapter Two, knowledge of the meaning of 'home' for older adults is discussed. Then, the different views of the experiences of 'home' specific to women and older women are explored. Finally, the experience of relocation in older adulthood is addressed. Chapter Three describes the methodological framework and theoretical assumptions that framed this study as well as the details explaining how the research study was executed. Chapter Four describes the findings of the study and Chapter Five provides a discussion of the findings, how they relate to previous literature, and their implications in policy, practice, and future research. Chapter Six offers conclusions that were drawn as a result of this study.

CHAPTER TWO: LITERATURE REVIEW

"It is also increasingly acknowledged that a sense of being "at home" is related to health status and well-being and that disruption of this sense, through in situ environmental change (for example, change in an established neighborhood), relocation (either forced or voluntary), or through disruption of a more existential sense of being at one with the world, can result in significant changes in well-being. In many cases, involuntary relocation and separation from a sense of identity has been shown to have pathological consequences and to lead to increases in rates or morbidity and mortality." (Chaudhury & Rowles, 2005, p. 3)

"The domestic ideology also continues to direct scholarly postures... "Home is a place of security within an insecure world, a place of certainty without doubt, a familiar place in a strange world, a sacred place in a profane world" (Dovey, 1985, p. 45); "To build a home is to create an area of peace, calm, and security, a replica of our mother's womb, where we can leave the world and listen to our own rhythms" (Marc, 1977, p. 14); ... "Home is a haven in the turbulent seas of urban life. It embodies the familiar, it is the place we feel most comfortable in, where we know better than anywhere what will happen" (Appleyard, 1979, p. 4). These statements imply distinct yet codefining spheres of existence that may characterize some middle-class, Western conditions for employed males..." (Ahrentzen, 1992, p. 117).

2.1 The Concept of 'Home'

People's attachment to their 'home' grew from their continuous involvement in a geographical area and as they formed a personal and deeper understanding of its related geography and social sphere (Relph, 1976). In some cultures and contexts, having a 'home' held special meaning for a person's identity and sense of self as they lived through life (Ahrentzen, 1992; Gonyea & Melekis, 2017; Relph, 1976; Saunders, 1989). For those living in these types of social contexts, emphasis had long been placed on the *need* for people to have their 'own place'. There was the expectation that these people must have roots from which to grow and see the world as life passes (Relph, 1976). These 'roots' were deemed unavoidable and necessary to the human identity, to relationships with others, and to the basic need for a sense of security (Relph, 1976). This importance for people to have 'their place' reinforced the idea that their house should have particular significance in their life. One's private space is expected to be respected by others by remaining undisturbed and unchanged when the owner was not present, as the space was an expression of the owner's identity and individuality (Relph, 1976). Under these

perspectives, how 'home' was referred to tended to be idealistic, listing 'home' as a space for security, privacy, autonomy, belongingness, and pride; a space where people can be in control (Ahrentzen, 1992; Dobbs, 2003; Fay & Owen, 2012; Saunders, 1989). People were greatly influenced by their environment and the space they found themselves in. People's lived experiences in certain places gave these places meaning, to which they became attached.

A common perception of people's place of residence was that it was synonymous with 'home', and that people's identities were rooted in their 'home' (Relph, 1976). One's place of residence was where one would experience a great majority of life and its associated memories and emotions. The sense of self and one's identity was infinitely interconnected within one's 'home'. The sense of self referred to one's "*feeling of identity, uniqueness, and self-direction*" (APA Dictionary of Psychology, 2007, p. 542). Identity encompassed one's sense of self and included the internalization of others' perceptions or expectations of one's self (APA Dictionary of Psychology, 2007). It was believed that through life and as people aged, we had a tendency for *continuity* (Atchley, 1989). We grew and learned from our experiences and our cognitive functions adapted and conceptualized our life experiences in a way that was coherent and continuous (Parker, 1995). We are not the same people we were 10 years ago; however, we typically cannot remember a significant shift in the self where we changed to who we are now. The changes were gradual and continuous, where the self continuously redefined and reconceptualized memories and meanings to define experiences and create a sense of self (Brandtstädter & Greve, 1994).

It has been said that people's houses were reflections of their self, as an outlet through which to express their uniqueness (Cooper, 1974). In older age, adults tended to develop a certain type of deep bonding to their place of residence, referred to as 'autobiographical insideness', that is, a connection unique to having lived in the same house for a great majority of one's life (Rowles, 1983). 'Home' was a place that had long been considered a space where meaningful relationships and interpersonal connections were created and maintained (Gillsjö & Schwartz-Barcott, 2011; Groger, 1995; Molony, 2010). The deep bond between a long-term resident and their house led to their expression of identity through the home, where many lived experiences had occurred (Rowles, 1983). Being at home for older adults meant being

in a private place where “*a person can be him- or herself*” (Rubinstein & de Medeiros, 2005, p. 55), and where the environment was familiar and life could be lived safely and comfortably. One’s sense of self and identity were embedded in their home and expressed through their home and its physical space. The expression of one’s sense of self and identity within the home was also manifested through the objects and possessions they owned. One’s possessions conveyed values, personality, interests, etc.—in other words, a physical, concrete representation of identity (Relph, 1976; Shenk et al., 2004). For some, objects in a given space conveyed the importance and significance of the space in their life; for others, a room could elicit a certain *feeling* or mood that signified the importance of the space (Relph, 1976). When characterized by objects, one’s meaning of home tended to be reflected through family pictures, handmade items, and gifts from loved ones (Shenk et al., 2004; Van Hoof et al., 2016). For older people, the self and the home may have become interwoven in such a way from the many years of lived experiences within the space. This connection in turn extended to objects within the home in a way that gave them an enhanced kind of meaning (Rubinstein, 1995). It might be assumed that when moving out of a space that holds such meaning to the view of the self and the expression of identity, attempts will be made to recreate such expressions of identity in a continuous way. Through objects and possessions, a sense of continuity and familiarity could be brought into the new space—as may be the case in older adults relocating to a LTCH (Sherman & Dacher, 2005; Wapner et al., 1990).

2.2 Women’s Experiences of ‘Home’

“As displayed in the popular media, homes are considered places of leisure, family nurturance, and domestic work—the picture of the idyllic, sanctified home. But demographics do not support the pervasiveness of such home life. Child violence, spouse battering and elder abuse are increasing. The large-scale production of single-family suburban houses has produced a greater workload for women. ... In this context, many women do a double shift of work: paid and unpaid.” (Ahrentzen, 1992, p. 126)

The lived experiences of ‘home’ for women had different meaning depending on their social context and given circumstances. In the past, it was commonly assumed that ‘home’ was especially meaningful in Western, non-nomadic women’s lives given societally imposed roles as homemakers; it

was supposed this role led to a stronger attachment to 'home' because they spent the majority of their time in the space (Ahrentzen, 1992; Barry et al., 2018; Howell, 1994; Swenson, 1998). According to these past perceptions of the women's experience in the 'home':

"Saunders (1989) claims that home means the same for women and men because their responses to the question "What does the home mean to you?" are relatively the same. But further analysis of Saunders' data shows that home is more often experienced as a place of work for women than it is for men, and women's work involves tending to the life-nurturing and social-enhancing status of the family. The 'labor of love'—this women's work—may be what women mean when they say that home is 'family, love, kids'. The product of women's labour may be behind men's responses of the same" (Ahrentzen, 1992, p. 119).

These perceptions argued that women in Western cultures were pressured by traditionally appointed gender roles to play a more active role in establishing this 'meaning of home' through homemaking, thus transforming the 'home' into a second workplace (Ahrentzen, 1992).

These women's aspirations and status within their community were said to be symbolized by the 'home' they kept (Swenson, 1998). These types of experiences of 'home' contributed to an enduring sense of self and expression of identity (Swenson, 1998). Social expectations like these and social values against institutionalism idealized the 'home' by referring to it as an optimal place for women to live and remain into older age (Thomas & Blanchard, 2009). According to views on the experiences of 'home' within those specific social contexts, the 'home' was of significant importance to older women as representations of themselves in the context of their gender (Swenson, 1998) and that the experience of 'home' as homemakers led to a deep attachment that carried through older adulthood (Barry et al., 2018; Howell, 1994; Swenson, 1998). To maintain the 'home' was considered an indicator of older women's enduring independence and capabilities, and failing at doing so would suggest she should no longer stay there (Swenson, 1998).

The experiences of 'home' specific to older women have been described by research reviews and literature in ways that represented this idealized view of 'home' as dictated by social expectations. Research described the experience of 'home' as: (1) as a resource for meeting needs related to interpersonal connections, memories, autonomy, and security; (2) as a type of attachment that is special to

women given their social context; (3) as a precarious act of maintaining and sustaining while health is in decline, with trade-offs and adaptations becoming necessary to remain at 'home' and benefit from its resources; and (4) as specific to its cultural context, in which Western culture has idealized the notion of women remaining at home as long as possible to avoid institutionalization (Ahrentzen, 1992; Barry et al., 2018; Gattuso, 1996; Moloney, 1997; Swenson, 1998).

In the research asking older women to share their experiences of 'home', similar themes were uncovered. For older women, the home was seen as a reflection of women's wellbeing and health: if the home isn't maintained to cultural standards, it was assumed that "*the woman is no longer functioning well*" (Barry et al., 2018, p. e340). 'Home' (or lack thereof) influenced older women's display of identity and how their sense of self was shaped (Gattuso, 1996; Gonyea & Melekis, 2017; Moloney, 1997; Swenson, 1998), and 'home' was considered a source of meaning and inner strength in the lives of older women (Moloney, 1997). Themes of dependency and control have been reported in the experience of 'home' for older women: caring for the self and for family members was an important attribute to 'home' life (Swenson, 1998), and 'home' represented a space of familiarity, continuity, and stability that was within older women's control (Moloney, 1997; Swenson, 1998).

Given that experiences of 'home' were greatly influenced by the social context and environment, the cohort and social context in which women were raised and have lived needed to be taken into account when exploring their experience of home and their attachment to 'home' (Ahrentzen, 1992; Shenk et al., 2004). These differences were not always taken into account when exploring the experiences of 'home' for women, and those practices have been questioned:

"This raises the important question of the extent to which these findings would hold true for older women who have maintained professional careers outside the home, including those who did not marry or raise children or those who were forced to work due to economic necessity. How do women of the same cohorts who had careers define and express their attachment to home and possessions? Having held different salient roles, how do they express and define such attachments? To what extent would these women frame their sense of identity in terms of their homes and possessions? These questions point to the need for further research that explores the range of variation of the meaning of home and possessions for a more diverse sample of older women." (Shenk et al., 2004, p. 168)

There was a widespread opinion in the literature that there was only one 'home': a single space synonymous with comfort, safety, and privacy. These opinions did not consider experiences of 'home' of nomadic cultures. This passage raised some questions that remained unanswered related to the meaning of 'home' for groups who may not always have had positive experiences of 'home': Did women who had lived nontraditional lives (e.g. did not have a nuclear family, did not act as the homemaker of the house, were single mothers, lived in abusive houses, etc.) have a similar meaning of 'home' to those who held traditional roles (e.g. had a husband and children or were responsible for housekeeping and cooking and childcare)? Was the meaning of 'home' dependent on those social and gender roles? Was it acceptable to generalize the meaning of 'home' for one group of older adults to all older adults?

It was important to keep in mind the differences in people's lived experiences and to consider how their unique circumstances may have contributed to shaping the experience of 'home' (Ahrentzen, 1992). These questions were elaborated with theories that people may experience more than one meaningful 'home' at any given point in their lives (Gillsjö & Schwartz-Barcott, 2011). These nuances in people's definition of 'home' suggest there were more than one interpretation of 'home' and they may not always be positive. Interpretation biases in the literature have led to a field of research that largely focuses on internal and personal attributes that shape the meaning of 'home' and that do not look at the larger context including the societal forces and built environment (Després, 1991). Using thorough methods to explore all aspects of the experiences of older women when thinking about and relocating to a LTCH and how these milestones may influence these women's meaning of home was essential to understanding the experience.

2.3 The Experience of Relocation

Gaining a better understanding of life in LTCHs and the lived experiences of residents, staff, and families had long been an important field of research (Bowker, 1983; Diamond, 1992; Dobbs et al., 2008; Dobbs, 2003; Foner, 1994; Gubrium, 1975; Henderson & Vesperi, 1995; Twigg, 2000). Other studies had

also explored the relationships between the self and identity with the environment (Gubrium & Holstein, 2001; Paterniti, 2008; Peace et al., 2006), and how this relationship contributed to one's experience of 'home' in older age (Chaudhury & Rowles, 2005; Oswald & Wahl, 2005; Rubinstein, 1989; Rubinstein & de Medeiros, 2005). Of particular focus in the current study was the lived experience of 'home' for women who were relocating to a LTCH.

People's feelings and emotions associated with a place to which they are attached typically remained unconscious and unnoticed in nature (Manzo, 2003). When a significant change that may threaten one's sense of self was imminent—such as relocating to a LTCH—feelings of attachment and nostalgia became conscious for the individual to dwell upon (Manzo, 2003). The experience of 'home' was not a static entity but a dynamic and fluid concept; while experiencing relocation, there was a constant need to re-adjust and adapt to the new environment and new circumstances to redefine one's sense of self (Johnson & Bibbo, 2014; Leith, 2006; Molony, 2010). The experience of relocating into a LTCH included significant milestones in the lives of those moving: (1) having to plan for the future prior to and in anticipation of the move; (2) the need for downsizing from one space to the LTCH; and (3) the adjustment as finding one's own space within the LTCH and having some control in the space (Brandburg et al., 2013; Scott & Mayo, 2019). All levels of the relocating process (i.e. the decision to move, preparing for the move, during the move, and adjusting to the move) were influenced by systematic barriers, interpersonal relationships, and individual attributes (Sussman & Dupuis, 2014). Moving to a LTCH and the experience of 'home' involved changing relationships and views of body, emotions, and things for older adults (Schillmeier & Heinlein, 2009).

In many cases, the stigma around LTCHs played a role in the decision to relocate wherein older adults only felt at peace with their decision to move if they had a socially accepted justification for moving (e.g., for medical reasons or cognitive decline; Vasara, 2015) or if they were able to independently choose to relocate (Groger, 1995; Johnson & Bibbo, 2014; Sussman & Dupuis, 2014). Whether or not one was involved in the decision-making process was a key component of the experience (Sury et al., 2013). People who were not given much time to make a decision about moving and who

moved quickly and abruptly experienced significant grief about their lost home, which consequently affected their ability to adapt or to readily call their new place of residence 'home' (Gillsjö & Schwartz-Barcott, 2011; Groger, 1995; Sussman & Dupuis, 2014).

Research on the experiences of 'home' and the changes in its meaning while anticipating a move from 'home' was limited. Stress related to the anticipation played a significant role in the experience of nearly one third of those anticipating a move into LTCH (Rutman, 1987). For some with poorer health and symptoms similar to those of depression (e.g. lower morale, apathy, and indifference) being on a waitlist to move from 'home' meant that 'home' no longer had meaning to them (Rutman, 1987). The anticipation period was unique to each person and dependent on their lived experiences (Porter, 2011). In the experience of people who had home care services while living in the community, conceptualizing how the experience of 'home' would translate while living in a LTCH setting was more difficult and abstract (Groger, 1995). When asked to consider what living in a LTCH would be like, respondents preferred not to give the idea too much thought and discussed it in hypothetical terms (Groger, 1995).

Resilience has been identified as one of the core elements involved in successfully adapting to a move into a LTCH for older adults (Brandburg et al., 2013). People who relocated to LTCHs reported having to adapt to their new environment by making the environment their own (Heliker & Scholler-Jaquish, 2006; Oswald & Wahl, 2005) or by altering their behaviour in a way to preserve personhood and avoid conformity (Oswald & Wahl, 2005). For some, the relocation brought feelings of 'homelessness' until they were able to adapt to the new space (Heliker & Scholler-Jaquish, 2006; Molony, 2010) and reminiscing about the lost 'home' is common (Dobbs, 2003). Learning about the space where one has relocated, getting oriented, and creating one's 'own' space facilitated the ability for new residents to adapt (Heliker & Scholler-Jaquish, 2006). Having the ability to exert some independence and to have meaningful and valued possessions in the space allowed older adults to develop a positive experience of 'home' in the LTCH (Gillsjö & Schwartz-Barcott, 2011; Sussman & Dupuis, 2014). This feeling was reserved to the individuals' 'private' space in their room and similar feelings were not described for public spaces like the dining room or lounging areas (Gillsjö & Schwartz-Barcott, 2011). Being able to

retreat in one's own private space was important in preserving identity and personhood within the collective group living in the space (Leith, 2006). Developing relationships with other people in the LTCH also played a role in one's experience of 'home' given the degree to which 'home' was associated with meaningful social and family ties (Gillsjö & Schwartz-Barcott, 2011; Groger, 1995).

The LTCH environment can threaten older adults' wellbeing and sense of self during the relocation process. The unfamiliarity of the space combined with the lack of personal and/or cultural representations of one's identity within the space could shock one's sense of self (Chaudhury, 2008; Wiersma & Dupuis, 2010). Miscommunications between staff and residents contributed to feelings of uneasiness and depersonalization in the older adults living in LTCHs (Rijnaard et al., 2016). The new, foreign approaches to the care of their body and the adoption of new routines within the space emphasized a medical atmosphere that may have been quite different from the atmosphere of the older adults' previous place of residence (Chaudhury, 2008; Gubrium, 1975; Heliker & Scholler-Jaquis, 2006; Nakrem et al., 2013; Twigg, 2000). The purpose under which places are designed and built contributed to the experience and meaning of 'home' (Sixsmith, 1986). The very act of planning and the construction of spaces inherently affixes meaning to spaces—even before the space is lived in and memories are formed within it (Sixsmith, 1986; Wiersma, 2007). Homes were built primarily for living, comfort, and privacy. The experience of 'home' in LTCH was influenced by environmental attributes such as the aesthetic view, the ability to move freely, having space for personal belongings, and having space for social events and activities to take place (Van Hoof et al., 2015). Contrasting these environmental attributes of 'home' were the attributes under which LTCHs operate.

LTCHs were built with the medical purpose of monitoring and surveillance of its staff and residents, and were designed to allow staff maximum efficiency and ease in their work (Wiersma & Dupuis, 2010). Surely, this imposed purpose changed the atmosphere of the space and influenced how people may have attempted to (re)create a feeling of home following relocation. When the expression of the self through the environment was compromised or limited, older adults were at risk for depersonalization and a questioned sense of self and identity (Chaudhury, 2008). This depersonalization

may have increased the internalization of stigmatizing labels that served to generalize older adults' identities when living in LTCHs. An approach commonly taken by older adults to recreate the feeling of 'home' in LTCHs was the use of significant objects, photographs, and other personal items in an attempt to express and preserve identity and personhood in the wake of such unrest in their lives (Buse & Twigg, 2014; Johnson & Bibbo, 2014; Relph, 1976; Rubinstein, 1995; Shenk et al., 2004; Sherman & Dacher, 2005; Van Hoof et al., 2016; Wapner et al., 1990). Also useful in preserving older adults' sense of self through the relocation process was feeling some continuity between the former 'home' and the LTCH (Atchley, 1989; Cooney, 2012).

Some research has been conducted in efforts to obtain a better understanding of older adults' experiences when relocating to a LTCH. Three main components have been found to influence the experience of 'home': (1) psychological factors such as autonomy, control, and preserving habits; (2) social factors such as relationships with staff and others; and (3) the built environment such as private space and personal belongings (Rijnaard et al., 2016). The description of a 'successful' move from the community into a congregate living facility expressed the positive experience of 'home' as a combined effort of: (1) the autonomous decision to find a place somewhere; (2) the deliberate resolve to feel in place anywhere; and (3) the ongoing effort to stay placed there (Leith, 2006). Supporting older adults moving into a LTCH contributed to a successful transition; involving them in decision-making and having the LTCH offer support (e.g. orientation, 'buddy' system) translated to a shorter adjustment period (Sury et al., 2013). Positive experiences were facilitated if older adults had some control of their experience: in being able to make the choice to move, in being able to make the conscious effort to 'make it home', and in being able to actively participate and create a sense of belongingness in the new space (Cooney, 2012; Leith, 2006; Nakrem et al., 2013). Time played a role in shaping positive experiences of 'home' within the LTCH as older adults formed relationships with others and felt more secure and independent within the space (Johnson & Bibbo, 2014). Following a move into a LTCH, the transition occurred in stages where the adaptation could occur within the first month of living in the new space (Wilson, 1997). These stages involved: (1) initially feeling overwhelmed in the immediate time following

the move; (2) adjusting to the changes; and (3) working toward accepting the changes and the new life (Wilson, 1997). Helpful in adapting to life in a LTCH was maintaining familiarity throughout the transition to establish continuity and comfort in the older adult's lived experience (Atchley, 1989; Groger, 1995).

2.4 Rationale and Purpose of the Proposed Study

Relocating to a LTCH is a significant change in older adults' lives—one that risks challenging how one sees themselves and how they express their identity, as the LTCH structures and routines socialized residents to become “institutional bodies”, where residents' identities revolved around the care of their bodies (Nakrem et al., 2013; Wiersma & Dupuis, 2010). During the process of relocating, older adults would find themselves moving from a place of residence that arguably held meaningful significance to them and felt like 'home' to a foreign place of non-attachment (Lewicka, 2011). This change created tensions in trusting others and impeded on one's feelings of privacy and personhood (Lewicka, 2011; Sussman & Dupuis, 2014; Wiersma & Dupuis, 2010; Wiersma, 2012). When considering the daily routines of living in LTCHs and what these routines entailed for residents, establishing a relationship of trust and respect with new residents was essential in ensuring new residents' wellbeing and quality of life in the new space (Sussman & Dupuis, 2014). The lived experience of 'home', wherever this may be, involved every facet of people's lives as defined by Van Manen (1990): the lived body, the lived space, the lived relations, and the lived time.

Literature on the experiences of 'home' for women and older women had different perspectives on their experience of 'home'. Three main ideas were suggested: (1) some older research focused on the idealized experience of 'home' as a positive space of control, privacy, security, and comfort in women's lives; (2) criticizing this viewpoint was the ideology that the experience of 'home' for these women—while still emphasizing control, privacy, and security—may not be so positive as social influences and cultural expectations dictated women's working role in establishing and maintaining a 'home'; and (3) a more critical view of the relationship of women and 'home' had since emerged which valued the

interaction between women's social contexts, cultural values, and demographic attributes. How these circumstances intersected to shape the experience of 'home' were important when exploring the experiences of women: *"The participants' narratives underscored that their lives are multidimensional and complex and that the power dynamics between sexism, ageism and homelessness are linked."* (Gonyea & Melekis, 2017, p. 73).

An important factor about the literature presented was that the findings of the studies relied largely on a normative sample of participants. Studies on the experiences of 'home' and of women's experiences within the home typically represented samples of American or European middle-class, heterosexual women with nuclear families. Though some literature recognized this bias, there were no large studies that explored how these similarities impact findings. Further, many of the studies referenced previously dated back from the mid-1970s to the early 2000's, representing different cohorts of older women than the cohorts of older women in this day. What we know on the topic of 'home' and women's experiences of 'home' is based on these specific cohorts in older literature.

The present study sought to better understand meanings and experiences surrounding gender and 'home' for older women who were living in the community and waiting to relocate into a LTCH while considering the interacting circumstances in which these women lived and how the circumstances may have influenced the experience. To fulfill this purpose, the study was guided by an in-depth hermeneutic phenomenology approach to thoroughly and critically explore the lived experiences of 'home' of older women. Only one study had explored the experience of relocation at different stages in older women using Van Manen's approach to hermeneutic phenomenology (Scott & Mayo, 2019). However, the Scott and Mayo (2019) study did not include a group of women who were anticipating a move into a LTCH in real time—the information collected about women's experience of anticipation was retrospective (Scott & Mayo, 2019). The current study provided insight into women's lived experiences of 'home' while they were on a waitlist to relocate into a LTCH in real time -- a perspective the Scott and Mayo (2019) study had not addressed. Exploring these women's experiences using Van Manen's approach to the lived experience provided a full outlook on the experience of 'home' for older women who were on a waitlist to

relocate into a LTCH without being biased by the passage of time and potential adjustment. This thorough outlook allowed for a critical analysis of what circumstances influenced the women's lived experiences as they awaited relocation into a LTCH¹.

¹ The study also aimed to conduct interviews with women who had recently moved into a LTCH as early as 1-3 weeks following relocation to get an early perspective of the lived experience; since I could not recruit a group of women who had recently relocated into a LTCH, exploring this perspective was not possible. More details on the aspects of the originally planned study can be found in *Appendix A: Originally Proposed Study Design*

CHAPTER THREE: METHODOLOGY

3.1 Epistemological and Methodological Assumptions

“[Hermeneutic phenomenology] encourages a certain attentive awareness to the details and seemingly trivial dimensions of our everyday educational lives. It makes us thoughtfully aware of the consequential in the inconsequential, the significant in the taken-for-granted. Phenomenological descriptions, if done well, are compelling and insightful.” (Van Manen, 1990, p. 8)

This research project sought to explore the lived experiences of women who were on a waitlist to relocate into a LTCH by using a hermeneutic phenomenology framework. The goal of hermeneutic phenomenology is to gain a better understanding of specific phenomena or aspects of the human experience—gaining a better understanding of what people experience and how they experience it. It is both a theoretical framework and a methodological approach to research. Since the purpose of this study was to explore how older women experience ‘home’ while waiting to relocate into a LTCH, Van Manen’s approach to hermeneutic phenomenology was ideal to inform and structure this project. Van Manen’s approach views the ‘lived meaning’ as: *“the way a person experiences and understands his or her world as real and meaningful. Lived meanings describe these aspects of a situation as experienced by the person in it”* (Van Manen, 1990, p. 183). Guided by this concept, the current study sought to explore the idea of how older women understood the idea of ‘home’, how they interpreted what made this idea meaningful to them, and how they experienced ‘home’. To explore such an understanding of a lived experience, Van Manen posits there are four structures that contribute to and fully define one’s lived experience: (1) the lived space; (2) the lived body; (3) the lived time; and (4) the lived other (Van Manen, 1990).

For this study, the phenomenon explored was that of ‘home’ for older women on a waitlist to relocate into a LTCH. It was clear that an in-depth understanding of living in a LTCH and an in-depth understanding of the relationships at play in shaping self, identity, and the meaning of home were essential in understanding older adults’ experiences of relocating into a LTCH. Given the complex role that environment and the meaning of 'home' play in formation of the self and identity, and given the

complex societal context in which older women live, thoroughly exploring older women's experiences using Van Manen's four structures of the lived experience was helpful in improving our understanding of the experience.

The **lived space** is a fundamental element in how one experiences 'home' and how one expresses themselves within the home (Van Manen, 1990). There are special considerations when trying to understand how one perceives home, as compared to other spaces they may find themselves in. How is the change in 'home' from one's long-term or community residence to a LTCH perceived by older adults? How do they transfer meaning from one space that is perceived as 'home' to another?

The **lived body** is a significant component in the experience of 'home' and of living in a LTCH (Twigg, 2000; Wiersma & Dupuis, 2010), and means we experience the world through our bodies (Van Manen, 1990, p. 103). There are differences between living in a private residence and living in a LTCH when it comes to privacy, personal care, and how the body is treated in the space – typically for safety reasons and/or a decline in abilities. These changes in how the body is treated shape one's experience, and, consequently, play a role in shaping people's identities (Oswald & Wahl, 2005; Rubinstein & de Medeiros, 2005; Twigg, 2000; Wiersma & Dupuis, 2010). Anticipating these changes as one is waiting to relocate into a LTCH may also contribute to the experience of 'home'.

The **lived time** refers to the subjective experience of passing time as opposed to the standard, shared definition of "*clock time*" (Van Manen, 1990, p. 104; Wiersma, 2012). It is the difference in the feeling of passing time when engaging in leisurely activities compared to the feeling of passing time when bored (Van Manen, 1990). The time spent in a private residence has contributed in some way or another to shaping the definition of 'home'; lived time allows for the formation of memories within the private residence or in a new residence – memories that define one's meaning of 'home' (Oswald & Wahl, 2005; Rubinstein & de Medeiros, 2005; Wiersma, 2012). The passage of time and the personal changes one may experience in anticipation of relocation could influence the overall experience as well.

Finally, the **lived other** refers to how interactions and relations to others are experienced and how they shape an experience (Van Manen, 1990). The importance of fostering relationships and connecting

with others both while living at 'home' and while adapting to a LTCH have been explored (Gillsjö & Schwartz-Barcott, 2011; Johnson & Bibbo, 2014; Sussman & Dupuis, 2014; Swenson, 1998). These relationships and their importance to one's experience of 'home' may shape older women's experience as they anticipate relocation: perhaps they also anticipate and think about changes in relationships once they have relocated to a LTCH. Privacy and body care in a LTCH differs from the level of privacy and the approach to body care one has in their private residence – notably in others' ability to come and go in the 'private' space and in others' perceived boundaries regarding one's body (Gubrium, 1975; Oswald & Wahl, 2005; Rubinstein & de Medeiros, 2005; Twigg, 2000; Wiersma & Dupuis, 2010).

3.2 Research Design

To explore the lived experiences of 'home' in older women who were waiting to relocate to a LTCH, face-to-face interviews were conducted with participants at their place of residence in the community. The interview guides were semi-structured. The interview questions were designed to be answered conversationally and allowed participants to use narrative language if they wished (more details in *Section 3.6 Data Collection*). Some questions were adapted from Wiersma (2007) and Lewicka (2011) and included: "What does home mean to you?", "What is something in here that is meaningful to you?", "What has changed for you since you moved here?", and "What has helped you with adjusting here?". A full list of the interview guides can be found in *Appendices B and D*. The questions were designed to elicit a detailed account of how older women experienced 'home' and were not directly geared to address Van Manen's four structures of the lived experience. The four structures of the lived experience were data used as a sensitizing framework during analysis. This way, no preconceived expectations influenced participants' answers to the researcher's questions about 'home' and the analysis genuinely explored how participants discussed their lived experiences.

The information collected allowed for a thorough understanding of how 'home' is experienced. However, given the intersectional nature of the lived experience of 'home' and the role location was known to play in the experience of 'home', external factors such as the geographical setting and the

systematic process of relocating into LTCHs for these women needed to be described and understood. Understanding the external factors in which the women who were recruited in this study were living allowed for a more thorough understanding of the context where the experience is lived and how it may have played a role in the lives of the women

3.3 Geographical Setting

North Western Ontario (NWO), where the study took place, is a region with unique circumstances. At the time of the study, it spanned over 526,478 km² and hosted 231,691 inhabitants (Government of Canada, 2017a). The region was consisted of one large urban center and many remote and rural communities. The city of Thunder Bay was the only urban center and the largest city in the region, covering a small fraction of 328 km² and hosting nearly half of the region's population with 107,909 inhabitants (Government of Canada, 2017b). Resources were limited in NWO with health services primarily centralized in Thunder Bay – meaning logistical issues like transportation and accommodations were a concern for a large proportion of the population in the region.

The proportion of seniors in NWO also differed from the rest of the province. Nearly 18% of the NWO region's population was over the age of 65, while the provincial percentage was 16.7% (Government of Canada, 2017a). In Thunder Bay specifically, 20% of the population was above the age of 65 (Government of Canada, 2017b). There were several rural and remote communities outside Thunder Bay, yet only a small number of LTCHs in the region. These circumstances forced older adults from outside the city to relocate to Thunder Bay once they needed more specialized nursing care.

3.4 Delivery of Services in the Region

Home and Community Care (HCC) was a service provided by the North West Local Health Integration Network in which case managers assessed individuals to determine appropriate levels of care and make arrangements for home care and other support services (Home and Community Care, North West Local Health Integrated Network, n.d.-c). This service applied to seniors who may have needed care

or assistance in their own home, whether it be following a hospital stay or to support the individual in order to live in their residence as long as possible (Home and Community Care, North West Local Health Integrated Network, n.d.-b). HCC provided assisted living for individuals who may not have needed the level of care that was offered by LTCHs but who were unable to live completely independently or to perform all activities of daily living (ADLs; "Assisted Living," n.d.). HCC also provided support to those waiting to move into LTCHs, assisting with the referral and application process (Home and Community Care, North West Local Health Integrated Network, n.d.-d) by appointing a Care Coordinator to assist applicants with the transition (Home and Community Care, North West Local Health Integrated Network, n.d.-d)

LTCHs in Ontario provided more nursing and care assistance than retirement living or assisted living facilities. To be deemed eligible to live in a LTCH, an individual needed to meet the following requirements: (1) be 18 years or older, (2) have a valid OHIP card, (3) have care needs that cannot be safely met in the community or by community-based services, and (4) have care needs that can be met by a LTCH (Government of Ontario, 2014). As of April 24, 2019, an individual looking to move into a LTCH needed to contact their Local Health Integration Network (LHIN), who would guide the individual through the process of determining eligibility, looking for homes, and submitting an application. Once an individual applied to live in a LTCH, their application needed to be accepted by the LTCHs. Once accepted, the individual needed to wait for a bed to become available in one of the facilities they selected as a 'preferred' LTCH (they could choose a maximum of 5). This wait time depended on a number of factors, including: level of priority or urgency of the care required by the applicant, availability in the home, privacy of the room, and type of bed that was requested. Once a bed fitting the applicant's needs was available, a LHIN staff member contacted the applicant, who had 24 hours to accept or reject the offer. If the offer was accepted, the applicant had five days to move into the LTCH. If the offer was rejected, the entire application was deemed cancelled, and the applicant could not submit an application to move into a LTCH in Ontario for another 12 weeks (Government of Ontario, 2014).

As of March 31st, 2019, the city of Thunder Bay had six LTCHs in operation. The total number of

licensed beds to accommodate residents was 1,116, ranging from 111 to 448 per home (North West LHIN, 2019). At the time, there were 749 people on waitlists for a placement into a LTCH in the region, with an average of three to nine beds becoming available per month in each home. On average, nine out of ten LTCH applicants waiting for a placement in a basic room waited for 125 days (Lakehead Manor) to 2,111 days (Hogarth Riverview Manor). It is important to note that a person who selected more than one LTCH as a preferred location could appear on more than one waitlist in the statistics above, resulting in a higher total of people on the waitlist (North West LHIN, 2019).

The waitlist system in the region operated using categories where each applicant was placed in a category depending on their circumstances. If an applicant’s condition or circumstances changed, they may have changed categories, which could cause the order of the individuals on the waitlists to fluctuate. Due to the dynamic nature of some applicants' health conditions, it was difficult for HCC staff to provide a time frame to those on the waitlist to expect when they could expect to move into a LTCH. As quoted from the North West LHIN’s 2019 report on LTCHs in Thunder Bay:

“Category 1. People who need immediate admission to long-term care and cannot have their needs met at home, or who are in hospital when hospital is in crisis. People in a LTCH that is closing within 12 weeks.

Category 2. People who need to be reunited with their spouses/partners who are currently residing in a LTCH and who meet eligibility requirements (including care needs).

Category 3. People waiting for a LTCH serving those of a particular religion, ethnic origin, or culture.

Category 4A. People who have high care needs, but still can be supported at home until a bed becomes available. People in hospital waiting for long-term care. People in a LTCH seeking to transfer to their first choice.

Category 4B. People with care needs who are currently managing at home with supports but may need a LTCH in the future. Wait times for clients in this category are much longer.

Veteran. People who are veterans and are applying to be placed into a LTCH that contains

Veteran Priority Access Beds.”

The unique circumstances under which North Western Ontario and the city of Thunder Bay operated were important to consider when exploring residents' experiences when relocating into LTCHs. These factors played a role in how participants' experiences and perspectives were shaped and understood, and in how these participants defined what 'home' and place meant to them.

3.5 Participant Recruitment

The recruitment of participants was planned with the help of the Centre for Education and Research on Aging & Health's (CERAH) preexisting connections with local community care organization *Home and Community Care* (HCC; overseen by the NW LHIN). Clients who used HCC services were on a waitlist to move into a LTCH and were thus able to help us recruit women who fit our eligibility criteria. *Home and Community Care* staff assisted in determining potential candidates for face-to-face interviews. Criteria for consideration to participate in the study were:

- i. The candidate identifies as a woman;
- ii. The candidate has lived in the current residence for more than 10 years;
- iii. The candidate has the capacity to provide informed consent;
- iv. The candidate has the capacity to engage in conversation and discussion;
- v. The candidate is on the waitlist for placement in a LTCH (Categories 2, 3, 4A, 4B, and Veteran, excluding those awaiting placement in a hospital or in palliative care);
- vi. The candidate or their environment does not pose any danger or threat to the researcher (due to organizational policies of the organization assisting with recruitment).

The assistance from *Home and Community Care* in recruiting participants included (1) identifying potential candidates who meet the inclusion criteria (*see above*); and (2) establishing initial contact:

1. The designated staff member(s) would consult other staff, records, and/or databases for either personal opinions, notes, or assessment data that would help identify candidates that meet the previously mentioned inclusion criteria for consideration in the study.
2. The designated staff member(s) would then provide a short description of the study and how candidates would be participating (these would be provided in an information letter or short

script). If the candidate expresses interest or would like further explanations or details about the study, the staff member(s) would obtain verbal consent from the candidate to share the candidate's contact information with the researcher. The researcher would then establish contact with the candidate to ask about participation.

Once enough participants were recruited, the designated staff member(s) were contacted to be informed that no further assistance was needed for the study to carry on.

A top priority in this study was to reduce the risk of harm or distress for any participants—especially given the feelings of nostalgia participants had toward their home:

- Questions asked were open-ended, meaning the participant chose which topics to bring up.
- If a participant became visibly distressed or upset, or wished to end the interview, the interview was stopped. When getting informed prior to the study, the researcher provided information about available resources the participants had access if needed (ex. counselling hotline, mental health services, etc.).
- There was foreseeable physical risk to participants.
- For participants' privacy, the identities of participants were not disclosed to *Home and Community Care* staff after their assistance with the initial contact.
- For participants in LTCHs, there was more concern for participants' confidentiality and anonymity with the limited privacy—to reduce any risks, the interview questions were not directly asking participants to discuss actions by residents or staff members that may have negatively affected their experience. Participants who discussed such topics could choose not to answer questions if they feel uncomfortable (emphasis was given prior to the interview that they were under no obligation to answer any questions they did not want to). If negative stories were recounted, it was the participant's choice.
- While the chances were minimal (and non-applicable), if a participant showed signs of potential abuse inflicted by care partners, long-term care home staff, or others, the researcher would consult with the supervisor about the degree of action to be taken. If the threat was deemed significant, local social workers (or other relevant organization/services) would be contacted and informed of the situation.
- All interviews were transcribed and anonymized to ensure participants' anonymity.

- Physical copies of the consent forms, interview transcripts, and other relevant data were stored in a locked filing cabinet in a locked office at the Centre for Education and Research on Aging & Health on Lakehead University campus.

All interviews, with participants' consent, were audio-recorded. The recordings were then transcribed for analysis by a professional transcription service.

3.6 Participant Sample

A total of three women took part in the study. All three women participated in the first interview in their place of residence. Only one participant agreed to participate in a secondary interview over the phone. One participant declined to participate in a second interview, and one participant did not reply despite several attempts to contact her. More information on the study participants is offered in Section 4.1: *Narrated Subjects*.

The sample size of participants was smaller than anticipated. Instead of recruiting four to five women, it was only possible to recruit a total of three women. Having small participant samples are known to generate a large quantity of information given the added depth of the analysis and the attention that is given to even a single case to completely understand the narrated story (Boddy, 2016). Evaluating whether a study's sample size is appropriately answering a research question or exploring a topic is *"ultimately a matter of judgment and experience in evaluating the quality of the information collected against the uses to which it will be put, the particular research method and purposeful sampling strategy employed, and the research product intended."* (Sandelowski, 1995, p. 179). To justify the smaller-than-anticipated sample size in this study, the application of the study's findings was changed. Instead, the study's findings focus around in-depth explorations of women's narratives about their lived experiences of 'home' and comparing emerging themes to women's context, giving the narratives more meaning.

3.7 Data Collection

To facilitate the flow of discussion surrounding certain topics for participants when sharing their

experiences, there were some things to consider:

“Some degree of expression may be taken over by metaphor, cliché, and art. Such language theory opens a way of looking at how narrative may be unable to fully capture the nature of experience that the embodiment of thought through home object may be able to convey. As noted, objects in a general sense may act as complements, proxies, augmentations, reminders, and representations of the self. They are not a meta-language, but work with the speech. Speech is objectivated in that it is outside the person, but for us it lacks tangibility. These other narrative media have tangibility, but lack the full expressiveness of speech or are subject to different types of expression (for example, as home furnishings and organization follow social convention)”. (Rubinstein & de Medeiros, 2005, p. 51)

Given the complexity of the relationship between home, environment, self, and identity in older age, considering methods that facilitated discussion about the experience and reducing its downfalls was important. To make discussion flow easier, questions were designed to elicit narrative-style answers that provided rich information that was analyzed according to Van Manen's four structures of the lived experience.

3.8 Data Analysis

The transcripts generated from the interviews with participants were analyzed qualitatively. Three analysis methods were used as part of this study. The first, referred to as the 'Vancouver School of phenomenology' (Halldórsdóttir & Hamrin, 1997), followed these steps:

1. *Reading and rereading the transcript* (the transcribed dialogue) to get a sense of the lived experience as a whole.
2. *Underlining key statements* of the participants that had a special bearing on the phenomenon under study.
3. *Identifying and naming the themes in the underlined statements* and writing those down in the margins of the transcript of each dialogue.
4. *Identifying the essential structure of the phenomenon in the transcribed dialogue.* Taking all the different themes from the margins and trying to identify the essential structure of the phenomenon in each dialogue.
5. *Identifying the essential structure of the phenomenon.* Comparing different dialogues to find the “common threads”, as well as differences in the dialogue, to construct the overriding theme as well as the essential structure of the phenomenon.
6. *Comparing the essential structure with the data.* Having identified the essential structure of the

phenomenon, it was compared with the transcripts to see whether it fit the actual data. Are there some themes in the transcripts not accounted for? Should they be included or excluded? Why/why not?"

7. *Verifying the essential structure of the phenomenon or phenomena with the participants.* The analytic framework is preferable introduced to some or all of the participants in the study to see whether they recognize in it the analytic description of their own experience" (Halldórsdóttir & Hamrin, 1997, p. 122).

Halldórsdóttir and Hamrin's approach complemented the practice of Narrative Coding, a data analysis approach common when trying to understand the lived experience as expressed by storytelling:

"Narrative Analysis is particularly suitable for such inquiries as identity development; psychological, social, and cultural meanings and values; critical/feminist studies; and documentation of the life course – for example, through oral histories." (Saldaña, 2013, p. 132). The interview questions in this study were designed to ease discussion for participants through narrative storytelling and these methods of analysis were ideal in exploring the participants' experiences. These methods were also able to capture the entire lived experience of participants; for example, the topics that were listed above as 'suitable' for narrative analysis to cover include 'identity development', 'social and cultural meanings and values', and 'critical/feminist studies'. Two of the listed purposes of this study were: to explore the phenomenon of 'home' for women while keeping in mind the social and cultural context of gender, and to critically explore what 'home' meant for women. The critical nature of narrative analysis and its consideration of broader social and cultural structures in the lived experience made it suitable for the purposes of this study.

The second method of analysis used as part of this study was voice-centered relational analysis (or, 'The Listening Guide'; Doucet & Mauthner, 2008). It was an analysis method designed to explore in depth the narrative participants use to discuss their lives and its authenticity. It acknowledged the limitations of what researchers can know about their participants² through the narratives they share about themselves. Important to note is this method emerged partly as a potential solution for debates within

² While Doucet and Mauthner use the term 'subjects' and 'narrated subjects' in their work on voice-centred relational analysis (2008) to refer to how participants recount their narratives, I will use the term 'participants' for the purpose of consistency and simplicity.

feminist theory on how subjectivity should be viewed in the lives of women participants – either as “located in *or* constituted by *social, cultural, and discursive contexts*”(Doucet & Mauthner, 2008, p.400). Doucet and Mauthner's (2008) interpretation of the Listening Guide was designed to guide the researcher in four different 'readings' of the data, each with a specific lens designed to extract even subtle indicators of the participants' narrative and provide a better understanding and perspective of the participants' narrative. The four readings included: (1) relational and reflexively constituted narratives, focusing on the narrated storyline and the researcher's position within the narrative; (2) tracing narrated subjects, focusing on the participant's self-narrative and how they are positioned within it; (3) reading for relational narrated subjects, focusing on how others are discussed within the narrative; and (4) reading for structured subjects, focusing on the "*structured power relations and dominant ideologies that frame narratives*" (Doucet & Mauthner, 2008, p. 406). This analysis method allowed several detailed explorations of participants' narratives and extracted a substantial amount of data. It enabled me to read and analyze the data with different lenses throughout the four different readings, each illuminating different aspects of the women's lived experiences.

The third analysis method used to analyze the data collected and the themes extracted during the other analyses was diagramming (Saldaña, 2013; Umoquit et al., 2013) to organize the findings and form cohesive themes representative of the participants' experiences while on a waitlist to relocate to a LTCH. Using diagramming when "*dealing with complex and voluminous data, diagrams can help us disentangle the threads of our analysis and present results in a coherent and intelligible form*" (Dey, 2003, p. 163). In this study, the amount of data that emerged from the voice-centered relational analysis warranted the use of diagramming to organize the findings into themes that encompassed and represented the complexity of the participants' experiences of 'home'. Codes from the voice-centered relational analysis were organized into themes to better visualize the concepts at play. The themes were then organized and redefined until the complexity of the experiences was captured and conveyed. Images of the diagrams that were developed can be found in *Appendices R and S*. This analysis method assisted in organizing and making sense of the several data and codes compiled during the first two analysis methods. Organizing the data

data into themes and structures provided a way to understand the complexity of the experience of 'home' for the participants. This analytic method assisted in being able to see where smaller themes fit together and was the final step in coding and bringing themes together into a coherent whole.

Together, these three analysis methods served to gather as much information from the smaller than anticipated amount of data that was available at the time this study was conducted.

CHAPTER FOUR: FINDINGS

Following multiple readings of the interview transcripts using 'Vancouver School of phenomenology' (Halldórsdóttir & Hamrin, 1997) and the Listening Guide (Doucet & Mauthner, 2008), as well as using diagramming to organize and interpret the findings, an outline of the narrated subjects in this study was developed and was described in section 4.1: *Narrated Subjects*. The in-depth analysis of the lived experience of 'home' of each participant and collated common experiences and themes across all the women's narratives can be found in section 4.2 of this chapter.

4.1 Narrated subjects

Sam. Sam had lived in her current residence for the last 25 years. She moved several times in her life, and did not attribute the experience of 'home' to the physical space she found herself in. For her, 'home' was where the family was and the space's ability to evoke meaningful memories. In the house she lived in at the time of the study, Sam was limited to the main floor and could no longer do outdoor work like gardening. Her changing physical abilities had limited her ability to use the space and she was looking forward to moving to a LTCH. For her, moving to a LTCH would mean having easy access to social connection and interactions. The LTCH she hoped to move into with her husband had several people they already knew who lived there and she loved being around people.

For Sam, there were certain 'times' for certain circumstances in her life. She lived abroad with her family and moved on several occasions to spaces that were convenient for the family's size and lifestyle at that time. Now, she said, it's time to move into a LTCH. She and her husband did not need all that space, and there were several things they could not do there anymore. She specified that anything her husband and she already did in the house they would be able to do in the LTCH.

Sam valued her family, being helpful to others, her faith, education, being culturally conscious, and the healthcare system. A large part of her identity was rooted in her contribution to others and in recognizing others' contributions to society. She also recognized that some people did not feel positively about moving to a LTCH but believed that if one's physical state doesn't allow one to stay in one's current

house, what was the point in resisting it? She and her husband prepared for the upcoming move by planning exactly what they would bring with them, gave away things they were not bringing, and listened to advice given by HCC and the LTCHs about what to expect once relocated.

For Sam, 'home' meant the ability to socialize and be around people. 'Home' was where she could continue to do any tasks she did at the house and where she could have family. It was important for the space to allow her husband to continue his work – work that was important to both their identities.

Lucy. Lucy lived in a 1-bedroom apartment in the city for over 30 years. She moved when her husband passed away and it became overwhelming for her to look after the house by herself. She was placed on a waitlist following a surgery that affected her physical abilities but had since recovered and did not think she would move into a LTCH if she were offered a spot. She valued family and was very close with her sister, daughters, and grandchildren. Her family kept in touch with her regularly over the phone. Her daughters were supportive and helped meet any needs she had (transportation, groceries, visits, physical changes to the space). Lucy discussed her perspective on LTCHs through her own mother's experience moving to a LTCH. The decision for her mother to move was not made by her mother but by Lucy and her sister. Lucy visited her mother every day and she expressed that someone living in a LTCH needed “someone to keep on top of things”.

Lucy was content where she lived as it was warm, comfortable, and her needs were being met (either by the apartment space or with the help of others). That was also how she described 'home'. She described the apartment as convenient and handy for her life situation. When her husband passed away and she moved to this apartment, it felt like the right time for her to make the transition with so many things changing and she had been content since. When discussing moving, Lucy emphasized the role that changing physical abilities played in the decision to move. She would not move unless she was no longer physically able to stay in her current apartment. Currently, changes in physical abilities and functionality had been made easier with the support of her daughters in filling the gaps. Lucy mentioned on several occasions that she could still cook if she wanted in the current apartment but that it was getting more difficult to stand for long periods of time. Cooking played a large role in her life and was important to her.

She mentioned that once one moves into a LTCH, one can no longer can cook. Lucy tended to use chronological time to describe her life story, referring to dates and number of years to indicate the passage of time. She also expressed the passage of time by describing changes in her physical health and functionality.

For Lucy, 'home' meant being able to continue baking. She knew she would be unable to bake in a LTCH. If a spot in a LTCH opened for her, she would not take it as she was still able to cook and bake on occasion. Her home at the time was comfortable and warm, and she got help with groceries, transportation, and cleaning when she needed it. As she described it, her family was her life. They played a large role in her experience of 'home'.

Connie. Connie had been living in her house for the last 70 years and it was the only residence she had known in her adult life. She moved with her husband, a veteran, in what she referred to as a 'wartime house'. For her, home meant she could not imagine living anywhere else and being happy. Two of her daughters were present for the interview and they talked on several occasions about their mother's past hobbies and abilities. They were also the ones to mention that the house was familiar to their mother—her comfort zone. The house represented family and the memories associated with her family growing up in the space. She prided herself in fostering a welcoming space where extended family and her children's friends always felt welcomed. She loved cooking but was no longer able to cook due to her impaired vision. According to her daughters, their mother's cooking was a form of hospitality and a way to bring people together. It was important to her that others felt like the space was "their own too". However, she did not want to think of anyone else living in the space and felt a sense of belongingness toward it. When she discussed parts of her home she did not like, she said it wasn't necessarily about the space, but the 'doing'. She mourned the loss of functionality in her home.

Connie used memories and stories to express the significance of the home in her life. Her family was very important to her and were helpful in helping her live in place. When she lost her ability to go up stairs, they closed off the second floor. They kept track of things like groceries and belongings and brought her things she needed -- sometimes even before she knew what she needed herself. Connie had

bad experiences with HCC workers taking advantage of her impaired hearing and vision to steal her medication but still thought positively of the HCC workers who were 'good workers' with the organization. She did not look forward to moving into a LTCH and related her feelings to a friend's mother who moved into a LTCH and was moved back out a month later because she was so unhappy. She felt secure knowing the option to relocate was there if she needed it but hoped she wouldn't have to take the option. She had received a call some time ago regarding an open spot in a LTCH for her, but she refused it.

For Connie, 'home' was where others felt welcome. Hospitality was a large part of her life, with neighbors, friends, and extended family frequently coming over. She always had food and beverages for those who did. According to her daughters, she was comfortable in the home since it was familiar to her – an important fact since Connie's changing eyesight and hearing made it difficult for her to navigate new spaces.

4.2 Emerging Themes

Despite the uniqueness of each participant's experience of 'home' and how it played into their life story, several commonalities emerged within the data. It was important to emphasize that even though the lived experience of 'home' for women who are on a waitlist to relocate into a LTCH is predominantly determined by individual attributes, personality traits, and values, several aspects of the experience can be described by common themes that were consistent across participants.

4.2.1 "It's home, it's mine... it's comfortable": 'Home' as a feeling

How participants perceived 'home' while on a waitlist to move into a LTCH was expressed as an intrinsic experience, not necessarily as a physical space: *"No, it's my home where I belong. All my kids here. [...] I'd hate to think of anybody else living here. I've always thought this is where I belong to."* (Connie); *"It's home. It's mine, I can relax and do what I want. It's comfortable"* (Sam).

As described by Sam, 'home' was not a single physical space, but an ever-changing location

dependent on the meaning one attributed to it:

"Sometimes a home can be, I'm thinking of some places where I've lived. When my husband and I were first married, it was the third floor of a very poor house in Toronto and it had been the attic and they had just fixed a few things. In the corner was the hot water system because that's where the tank for the hot water system was in the corner of our living room but it was ours. [...] It has to be with somebody else and here's our place." (Sam)

This idea of 'home' not being determined by the physical space but rather as an intrinsic experience is interwoven in the following sections and plays a role in several facets of the lived experiences of participants of being on a waitlist to relocate to a LTCH.

4.2.2 "It's not the place [I don't like], it's the doing": Spatial Embodiment, 'home', functioning and space

A common theme during which participants referred to the physical space they lived in was when discussing fluctuating levels of functionality over time. For Lucy, while she considered her current residence to be 'home' for the reasons listed below, she recognized that it may not be possible for her to remain there forever: *"I guess I've been here that long. I can't complain. [...] It's warm and it's handy but I'm quite content here. I mean, I hope I can stay here all my days, but I know there may come a time that I can't."* (Lucy). For Lucy, the space she considered 'home' included aspects such as physical comfort and convenience.

In one instance, when asked if she wished could change anything about the space she lived in, Connie replied: *"No, not the place. It's the doing like I don't like it that I can't do my own cooking or baking. I don't think so. If I didn't like it, I would change it or get somebody else to change it."* (Connie). Connie mourned the loss of her abilities to function within the space she had been accustomed to and not the loss of access to some spaces. When Connie's daughters mentioned that she was unable to go upstairs and they had closed off the second floor of the house, Connie added: *"Yeah, that's right. Yeah, I haven't done that for so long that I forgot about the stairs."* (Connie)

Interestingly, the perceived space around participants seemed to shrink as their health rendered

some activities difficult. Lucy did not miss going outside her apartment building when she stopped driving and it became difficult for her to travel with a walker. Connie did not miss the second level of her house. Sam briefly alluded to this phenomenon when describing her current residence. For her, a changing sense of sight meant her perception of the space around her was changing as well:

"So it's a nice place to live. But there are as far as the living as my place to live closes in because you can't see that well enough to see distances and so on. Then this [she gestured at her immediate surroundings, an indicator of her changing vision and the limits of her sight] is a nice place to live." (Sam)

Being able to preserve her memories was important in maintaining the perception of 'home' and feeling comfortable with the idea of relocating to a LTCH.

For the participants, feelings of 'home' meant the ability to maintain activities important to one's sense of identity and lifestyle. Sometimes, this was confined to the boundaries of changing physical abilities. While some people stepped up and performed tasks or chores Sam was unable to do so she could remain in her current house, she recognized the downside of these efforts versus moving into a LTCH:

"[...] this last year has been more expensive because [Jason] doesn't know about the gardening, so had somebody who comes in and I explained to him what they're supposed to do." (Sam). Participants

attributed their changing physical abilities and how it would impact their ability to live in their current homes as reasons why they may potentially need to move into a LTCH:

"Well, I guess it's home when I've been here that long there, you know? I can't think of moving anyplace else. I mean, I know it's one or the other, a nursing home or the other. I always say I hope I can stay here as long as you know, as I say, it depends how your health is. You can't walk at all or whatever. I can still do things, so that's the main thing." (Lucy)

"As you can see, I won't leave. They wanted to put my husband in a home and he said, "I got a home. I don't need another one." I feel the same way but it's getting to the point I know one day probably I will have to go into a home but not yet." (Connie)

For the women who participated in the study, the relationship between changing functional abilities and how they interacted with the space they lived in was evident. The ability to which they could function in the home as they used to in their younger years impacted how they felt about the space they lived in and how they felt about relocating to a new space. The women didn't have issues with the space

they were living in, but rather with how their changing functional abilities restricted the extent to which they could interact within the space. For women who were accepting of their changing functional abilities and could 'move on' from the loss, the prospect of relocating to a space where their functional abilities would not be a hindrance was exciting. For the women who were still feeling the loss of the changes in functional abilities and resented how that affected their interactions with the space they lived in, relocating was not seen as a positive prospect.

4.2.3 "I need people": The role of others in the meaning of 'home'

A factor in enabling the women in the study's sense of 'home' was the important role that family, friends, neighbors, and community organizations played in their ability to remain in their current place of residence or in facilitating the relocation process. For Lucy, whose health had made it difficult for her to leave the apartment, her sister and neighbors helped her remain comfortable and at home:

"Yeah, I don't go out as much like yesterday, my sister was in and I could have gone out with her. And I said, "No, it's so cold." I didn't really have anything to go for. So she just visited here and then I have a sister in law or my sister's sister in law lives across the hall. So she even brings my mail. Mind you, she's moving now but I mean, I could still go down for my mail, but she checks on me or whatever. So it's nice when you have." (Lucy)

In Sam's case, other people were the main reason she was looking forward to moving into a LTCH:

Sam: "We still know a lot of people who do go in [the LTCH] still. And you know, [Jerome] [...] would be very much involved in the community of [the LTCH we want to move into]. Because there's enough people we know, enough people who know us from [our charitable organization] or whatever else. [...] But yeah, [moving into the LTCH] would be perfect. Certainly, better than being in our own house alone. So we are looking forward to it."

Emilie: "So being around people sounds pretty important."

Sam: "As all our kids keep— "Dad, have you phoned them again? You know mom has to be around people." I don't need someone all the time but yeah [...] And that's just the way I've always been, so yeah. I need people."

The support participants received to help them live in their current place of residence also played a significant role in how they felt toward an impending move into a LTCH. Another example comes from

Connie, who, when asked if she felt she changed over the years she lived in her house, mentioned increasing support she received from friends and family to remain in the house:

"I still think I'm about the same. Thinking, you know, like I have this [Jim], he comes and brings me scratch tickets, I love scratch tickets. So he brings me scratch tickets every day or a pizza pie from [a local restaurant] or whatever. They look after me so well, so good that I don't have to—now I don't have to think very much. He does all my thinking.

"I'm out of food, out of bananas or something and he'll walk and he'll say, "It's only me", he will say and he'll have bananas, he'll have milk, he'll have bread. He knows more of what I have in the fridge than I do. But he gives me the chance to say whether I want to go out and get the groceries too. I go out as often as I can. I can't see when I get to the grocery store but he will say, "You need one of these, you need one of these."'" (Connie)

As Connie described, the level of assistance she receives from her friend Jim has made it much easier for her to feel comfortable and relaxed in the house, as she knew her needs are being cared for. The responsibilities that her family and friends had adopted to help Connie function in her space had been essential to her experience being on a waitlist to move into a LTCH. She felt comfortable where she was living at the time and she was not in a rush to move into a LTCH - something that might have been different if her needs were not being met in her current residence.

On the other hand, others' roles in the participants' meaning of home may have been significant, but not all were positive experiences. In one interview, a participant's daughter expressed the family's concern about negative experiences with community workers and what it meant for seniors living in the community: *"Yeah, that's the only thing that like when you do have workers, she's very fortunate to have them come in but then it's always in the back of your mind too, it's like who is coming into your house?"* (Connie's daughter). This was discussed between the three family members, and they recognized Connie had negative experiences with others in her home, including new neighbors and community care workers. They discussed how it had affected how safe Connie felt in her home. The changing neighborhood around her and the presence of strangers in her space changed the atmosphere. However, when it came to the community care workers, Connie held the *"good ones"* in high esteem for all they had done to help her remain in her house.

4.2.4 "It's all part of history": 'Home' through memories, past experiences, time, and space

Often used during the interviews to express the importance and meaning of 'home' was sharing significant memories. The ability to be in a certain space and be able to express the passage of time by sharing memories was important to Sam's experience of 'home' and how that would transfer following her relocation:

"When I look around [the house], I see things we have done. But on the other hand, when I look over that view, I see also [a local landmark] that like when I was 12 years old looking at it from a [Street C], okay because I lived just below [Street D], that's nice to have close. "I don't mind this. I could look out their window, I could look out here and see Mount [retracted] and remember, "Oh, remember when?" But I could look out the window just say, "Oh, [the LTCH we want to move into], remember when that was this way and that was all bush." "Oh yeah, remember, they just the, put the roads through." It's all part of history as well as where you've been." (Sam)

Particularly for Sam, her role in the family was to ensure her husband and children created memories they could preserve over time. Making sure her family spent quality, uninterrupted time together was important for Sam. These memories greatly contribute to her own experience of home, even to this day:

"Yes. And I am at that age now in this stage where I have lots of memories. [...] But I have—in fact, you know those big picture photo things that you could, they're full of memories that are this big? I have nine of them that start from the few pictures my parents had and then when my parents married, a few pictures of when I was a kid.

" And when [our children] get together occasionally, a bunch of them will come in, they always used to come at Christmas. [...] I get [the photo albums] out so they can all show their new spouses or partners or whatever. "See, there's me when I was that age". So I plan to be able to go over and look at all these pictures, those pictures and some of the music that we have when you're too old to give up and do all the others things. Those are so very real and alive.

"[...] But yeah, if you have those memories and if they're good memory and they aren't, there are some bad memories. Well the good overrides the bad. So if you're ever just by yourself thinking of unhappy memories, get these pictures out and remember all the good ones.

"I remember one time we went back and my husband as a doctor was always worried that he wasn't spending enough time with the kids. So one of my tasks was to make sure with all of his being gone, that his kids did not know dad's never there. And there were often times we have people in for a meal and oops, he's gone away. My job was - that was one of those reasons why we have boats because no one could get a hold of us." (Sam)

During the interview, Connie often shared specific memories and her daughters shared some of their own to describe how they experienced 'home'. These memories brought her to tears, and her daughter explained the significance:

- Connie: *"And this [Jim], he lost his mom about four years ago and he came in one day and he looked at me. And he said, "Now I guess you're going to have to be my mommy." You're gonna make me cry bringing all these memories back."*
- Connie's daughter: *"They're all good memories, good memories. Mom likes memories, we have boxes and boxes of pictures. She always had a camera in your hand, always had to take pictures."*

All participants, without prompting, discussed their past experiences or exposures to living in a LTCH. Some were positive, but most shared were negative stories. Participants' perspectives on LTCHs were influenced by the stories they shared. For example, Connie shared one experience she related to: *"[A friend's mother] was [in a LTCH] for a month and all she did was sit and cry. She missed her home, so they moved her back home again. I'm not the only one who feels that way."* (Connie).

In Lucy's case, she related her mother's move into a LTCH and being unable to cook to her own situation. Lucy was still able to cook in the place she resided, which was important to her. She recognized that it may change when moving into a LTCH, like it had for her mother:

"Home means well, I guess being here. I mean, I wouldn't want to go into a nursing home. I experienced because my mother died at 102, three years ago now. And she was in a home. The home was okay but it's not the same as home because you can cook here and you can do everything. You know, and you have all your stuff, even if my mom had everything there but still. Yeah." (Lucy)

On the other hand, Sam, who was looking forward to moving into a LTCH, discussed her friend's negative experience by sharing her own perspective on her friend's feelings toward moving:

"Your home is not the whole—not everybody feels that way. I have a friend, they built their own house. And you know, it's 50 years ago and now they've had to sell it. She has cried for three weeks to move and it's going into another home, much smaller house and I understand and I don't say, "Don't be silly or anything", but I don't really understand that. She's got her husband but still." (Sam)

Exposure to others' experiences with LTCHs was not the sole determinant of the participants' perspective toward moving. Exposure, in addition to the other factors, played a role in shaping the perspective.

4.2.5 "It was time to leave": 'Home' during aging, anticipated life events, and space

The idea that there were stages and steps for things in life to occur in a certain order was discussed by the women who participated in the study. Women discussed "the right time" for events to occur. The reasons for things occurring the way they are was described to facilitate adjustment following these life changes. Sam eloquently described her perspective:

"It was time to leave because being way out there with all our kids, when grandchildren were no longer having a skating rink there, they're coming in weekends because they had all moved to other places. [...]"

"But people would ask me, 'Do I miss being out there?' It was a lovely spot, lovely to have people out there for skiing and ski-dooing in the winter and that was it, that was the time for us. Kids all gone and I never once missed it."

"So going in there, it is now time. I'm not going to be pining away or distracted. I'm looking forward to going in to getting to know how the system works. [...] We know we're going to be fed well and cared for well in the things we can't do. I can't wait. Besides to have a bath tub, I could go up and get into a couple of times a week. Oh, I can't wait for a bath tub." (Sam)

As Sam described, when her children were no longer spending as much time at their old house, she felt it was time for her and her husband to relocate to a different location. It fit their circumstances at the time - the space in which they would move into, as long as they could still have family over, would be 'home' for them. According to Sam, having a house that served more than you need was not practical, and it only made sense to move into a space more suitable to your needs as things changed in your life. As mentioned, Sam believed there were 'certain times' for specific aspects of life and this shaped her perspectives and ability to adapt to changes.

Although she doesn't feel ready to move into a LTCH, Lucy discussed a past experience with moving, which mirrored Sam's sentiment that there is a 'time' for certain things in life. Although at the time of the interview she did not feel like she needed to move into a LTCH, she discussed her adjustment during a move in her past:

"I was only I was 47 when my first husband passed away. So it was, you know and I remarried after eight years, and then he passed away now 10 years ago already. So I know what it's like, but

you're used to being by yourself. And I mean, there's always somebody around if you want to talk. [...]

"I seemed to adjust right away. Well, I guess because my husband had died a year ago. And I had one daughter living in [a larger city] and this and that and that. It's just when I was busy and then I had different family members lived with me the first few years. One niece and then another niece and then my daughter moved from [a larger city] and she lived with me. So it was busy, busy. I was going, so it was different than now." (Lucy)

According to Lucy, having relocated to a new house in the midst of a big life change -- the death of her husband -- made her adjustment period quicker.

Interestingly, Sam described specific circumstances that would impact her perspective on moving and how she would adapt:

"I think if I were going right away into a home, in [alternate LTCH] for instance with somebody in bed right there that would take adjusting. But that would be because that's what I needed. And now because I can't do anything more now, I don't need my book over there because I can't reach it and I can't read it. I think this is a step and I'm absolutely ready for this step." (Sam)

Seemingly, the perspective of what one deems they 'need' at a given time plays a role in the adjustment period. According to Sam's statement, it seems that a series of more gradual transitions into a LTCH would make it easier to adjust. For example, the residents who live into the LTCH she is looking to move into have more functionality and are more independent than the residents from the LTCH she mentioned above. She recognizes she would eventually adjust and make her peace with the change since it was what she would have needed but acknowledges that the difference in setting from her current house would make that adjustment period longer.

Lucy also recognized the presence of different stages in life and how they fluctuate, but she did not feel the same as Sam when it came to moving to a LTCH: *"It's warm and it's handy but I'm quite content here. I mean, I hope I can stay here all my days, but I know there may come a time that I can't."* (Lucy). It is important to note here that Lucy mentioned during her interview she would not move to a LTCH if a spot opened up for her. She felt her current functional ability did not warrant her needing to move.

All in all, the experience of 'home' for women in this study varied for each individual based on life experiences and circumstances, revealing the complexity of experience of 'home' as participants find themselves on a waitlist to relocate to a LTCH, but several common themes emerged across all three conversations. For the participants, 'home' could be described as an intrinsic experience. In a physical sense, 'home' was a reflection of spatial embodiment, where the 'home' and their ability to function within the space were interconnected. Family members and friends were significant in how participants defined 'home'. A common medium to verbalize the role of 'home' was the use of memories and anecdotes to express time and the space. Participants' experience of 'home' was also subjected to the influence of life stages and life events that come with aging and was found to change with these events. The experience of 'home' cannot be predicted for individuals and there is no one way to define how one perceives 'home' as they wait to relocate to a LTCH, but an understanding of the different ways in which 'home' can be expressed and manifested in individuals can help in understanding the role 'home' plays in relocation.

CHAPTER FIVE: DISCUSSION

The purpose of this study was to explore the lived experiences of 'home' for women who were on a waitlist to relocate into a LTCH. Based on the findings of this study, being on a waitlist is a complex experience that draws on several aspects of the lived experience. Spatial embodiment, space, and time intersect to shape individuals' perspectives about relocating to a LTCH as well as their perceptions of how well they would adapt to the change. Particularly of interest and not discussed in-depth in the previously mentioned literature on the experience of 'home' during the process of relocation were participants' references to how life stages, spatial embodiment, and the relationship between time, memories, and exposure to past experiences can influence their experience and meaning of 'home'. This study was the first to my knowledge that explored the perspectives of women who were on a waitlist to relocate at the time of data collection and thus provided a reliable, real-time perspective of the lived experiences of 'home'.

As was emphasized on several occasions by one participant in this study, individuals' histories in terms of their perspectives and past experiences were vital to how one experienced 'home', how attached they were to physical places, and how they anticipated relocating to a LTCH. For example, one participant who had moved on several occasions in her adult life and who would not attribute meaning to physical spaces was looking forward to moving to a LTCH. For her, having her memories of those places and knowing she had outgrown each space was enough. For another participant who had lived her entire adult life--over 70 years--in the same house, her attachment to place was strong and she was dreading relocating to a LTCH. Participants' experiences of 'home' corresponded to the idea of 'autobiographical insideness' (Rowles, 1983) which describes one's connection to a space as a result of living in the space for the majority of one's life. This was certainly the case for one of the participants, who had only lived in one residence for her entire adult life and attributed much of her identity to the space itself. The differences in experiences and perspectives indicated that not spending extensive periods in one place could mean that physical place attachment does not mean the same as it would for those who have that consistent place to call 'home' and who are attached to a specific place.

While not directly discussed by participants in this study but implicit in participants' interviews was the role of women's social context and how it affected their lived experiences of 'home'. All women discussed their experience of 'home' through memories of performing chores and tasks around the house that are traditionally attributed to women in Western cultures as homemaking (cooking, baking, gardening, hosting; Ahrentzen, 1992). Each woman discussed the loss of some of these abilities as contributors to a changing perception of what 'home' meant and how they lived in their space as a result. Similar to Swenson's (1998) research, caring for the home and for family members was important to the meaning of home. However, the women talked about their abilities to care for and maintain their homes and functions within the home more than they discussed caring for family members. Important to note is that each participant in this study was white and middle class. Two participants were widows while one still lived with her husband. From the discussions, each woman discussed living in traditionally Western family arrangements with a husband and children living with them in their homes during some point in their lives. While not directly addressed as part of this study, there is a possibility that these commonalities shaped their experiences of home in a way that could not be specifically depicted by this study. As was described in previous research, the appearance of a 'home' is sometimes viewed as a reflection of a woman's health and wellbeing since it reflects the woman's ability to maintain the space (Barry et al., 2018). While the direct link cannot be established since the participants were not asked about this directly, it is possible women in this study internalized what their home represented by discussing their changing functional abilities when asked what they didn't like about the space. Also important to note about previous research on the experiences of 'home' for older women was that the research relied predominantly on a sample of women of similar demographic backgrounds to the participants of this study; however, the participants of this study represented a different cohort of women from those who contributed to older literature and this may explain some of the differences between the findings of this study from older research on the topic. Changes in women's participation in the work force as well as career opportunities could possibly explain some of these differences. Future research that could further explore this ever-changing relationship in old and new generations of women and their

experiences of 'home' could focus on comparing different cultures' views of 'home', gender role expectations, and how that may change across generations to get a better understanding of the social contexts in which women live.

The study's findings highlighted the role of spatial embodiment in the meaning of home. Other studies discussing the self and the body in relation to one's environment have acknowledged how it plays a role in the meaning of 'home' (Chaudhury & Rowles, 2005; Oswald & Wahl, 2005; Rubinstein, 1989; Rubinstein & de Medeiros, 2005). It has been described as necessary for people to have a 'home' in which to root their identity and it is assumed that a 'home' is needed to grow and live through life, to form relationships, and to form a basic sense of security (Relph, 1976). Changes between the 'home' and the self are continuously redefined and reconceptualized in an interconnected sense that becomes difficult to distinguish from each other (Brandtstädter & Greve, 1994) as humans have a tendency for continuity (Atchley, 1989). The findings of this study were consistent with this literature, with participants often discussing changing physical abilities and their ability to function within the space as factors that altered their sense and perception of 'home', as well as changing roles within the space. The theme of 'spatial embodiment' was also different from previous studies on the experience of 'home' with participants from our study discussing their body's relation to the space and how both influence each other. Changing physical abilities and the changing space around them constantly influenced one another in a dynamic relationship. What was interesting in this study is that participants described narrowing their space that they actively lived in according to their abilities. This may be consistent with previous research that has identified the need for women to have control over their home space (Moloney, 1997).

In addition to the role spatial embodiment within the home played in one's sense of self and identity, the use of memories to describe and portray the meaning of 'home' reflected the widespread role memories play in one's life story and experience of 'home'. Previous studies have found 'home' has been closely linked to memories and emotions in individuals (Relph, 1976). However, the specific processes behind this link are not discussed at length in the literature I found over the course of this thesis. As mentioned above, one's sense of self and identity and meaning of 'home' are continuously redefined and

reconceptualized interconnectedly throughout the lifetime. As a result of this interconnectedness, memories of the self and of the 'home' are woven together in a way that is difficult to separate. The way in which participants in this study defined and described 'home' during conversations represented this, with all women using several memories and anecdotes to describe what 'home' meant to them. At times, participants had difficulty verbalizing their reasoning behind using specific memories to describe their experience of 'home' or describing the ulterior role of that memory in how they defined 'home'. An interesting topic of future research could be exploring in depth how and why older adults use memories to define their experiences of 'home' and the role those memories play in their sense of self and identity.

My study, consistent with past research (Gillsjö & Schwartz-Barcott, 2011; Groger, 1995; Molony, 2010), revealed participants' deep significance for the 'home' as a place to share with others - a place where relationships and connections are fostered and maintained. These studies have argued that having established roots is unavoidable and necessary to forming relationships with others (Relph, 1976). Participants in this study discussed in depth how relationships with others contributed to a sense of 'home' and anticipated that being around others and being able to connect would facilitate the adjustment to a LTCH in the future. This was reflected in other research that concerns older adults moving into a LTCH from hospital (Sussman & Orav-Lakaski, 2020), but the idea remains the same. One difference in this study's findings that differs from previous literature's findings on the role of others in one's meaning of 'home' is when it comes to others making themselves at home. Our study found that participants expressed a more significant dependence on others to contribute to the sense of 'home' where other studies discuss homeowners' desires for 'home' to remain a private space, undisturbed and unchanged by others in their absence as an expression of their identity (Relph, 1976). Perhaps this difference stems from our sample being women who await relocation into a LTCH and need additional assistance to remain in their place of residence. Participants in this study typically discussed interactions with family and friends who would visit the home as positive, describing the space as welcoming and 'belonging' to the visitors as well as the participants. Negative interactions were discussed on two occasions: one where home care workers violated the participant's trust and stole from her, and one where the participant felt uneasy when new

neighbors threw garbage in her yard.

Compared to other studies exploring the meaning of 'home' for older women, the role of specific objects or items within the home (Rubinstein, 1995; Shenk et al., 2004; van Hoof et al., 2015) did not emerge as I had anticipated. This could be attributed to the fact that I was unable to conduct any walking interviews or collect any photographs as part of the study which is when I was aiming to ask specific questions about the role of objects in the experience of 'home'. It should be noted that even though questions specific to objects were not asked, they were also not brought up by participants throughout our conversation.

5.1 Limitations

Several factors limited the scope of this study and the applicability of the findings. First and foremost was the impact of the Covid-19 pandemic on the study's initial purpose and the resulting changes made to the study's design. This study's inclusion of participants who are traditionally deemed 'vulnerable' and who were recruited with the assistance of healthcare organizations proved to be a barrier as the pandemic unfolded across the province. Home care organizations and LTCHs in the region were instructed to follow new guidelines in order to protect their clients amid the crisis. Understandably, research activities and visitations were put on hold in LTCHs at the time of my data collection, limiting my ability to include the group of women who had recently relocated into a LTCH in my study. The pandemic also affected my ability to recruit additional participants from a group of women who were on a waitlist to relocate into a LTCH as home care organizations focused on Covid-19 prevention and the protection of their clients and staff and not on research activities. More information on the aspects of this study that could not be carried out due to the Covid-19 pandemic can be found in Appendix A.

As a result of this limited sample of participants, the amount of data that was collected was significantly smaller than anticipated. The scope of the data collected was also different, with only verbal data being included in the study when the study was initially designed for more. With only one participant choosing to participate in a secondary interview and the fact that the secondary interview had to be

conducted over the phone, I was unable to conduct walking interviews and collect photographs from participants to get a better understanding of the significance of personal belongings in the experience of 'home'. I did not ask participants during initial interviews to present me with visual data, as they were supposed to discuss this during the secondary interviews in-person, so those findings were non-existent. Since the visual component of the data was not collected as part of this study, a significant component of participants' lived experience was not collected as data and could not be analyzed.

To compensate for this lack of data, I turned to more intensive data coding and data analysis methods that focused on participants' narratives and what could be drawn from them. These adaptations were made, and specific analysis methods were chosen to fit the specific purpose of getting more information from the limited data. It is impossible to know whether deciding to change the analysis methods once the data had been collected altered the findings of this study or if it helped get a better image of the participants' experiences. The only way to support these findings without this limitation would be to replicate this study by using the originally proposed methods of coding and analysis and see whether similar findings emerge. The changes made to the study as a result of Covid-19 significantly altered the scope and purpose of the study that was originally proposed seeing as the original research questions comparing experiences of 'home' for two different groups of women could not be answered. However, the new approach allowed me to obtain a detailed perspective of participants' self-narratives, what they meant in the context of the research, and what specific themes meant to each individual participant's story.

Another limitation in this study was the unexpected complexity in working with community partners to recruit participants. Collaborating with other organizations proved more time-consuming and complicated than I had previously anticipated with each organization having specific policies relating to research ethics and research activities within their organizations. Navigating the process of working with these organizations took more time than I had planned for and resulted in delays with participant recruitment that extended the recruitment period into March 2020 when the Covid-19 pandemic emerged and restricted the ability to recruit participants. In retrospect, more research and preparation should have

been done to collate all the additional information and changes that were required for the community organizations to give permission to recruit their clients.

5.2 Personal reflections: Use of methodology in this study

Using phenomenology for this study proved to be a positive and negative experience. Relying on Van Manen's (1990) hermeneutic phenomenology to structure and inform this project helped in structuring how I perceived and understood what composed a lived experience. The references to the lived self, the lived other, the lived time, and the lived space made sense in relation to previous literature on the experience of 'home', with studies discussing all four pillars in their findings. It also helped inform how the interviews were structured and how I anticipated what conversations would emerge during the interviews. However, trying to use only the four structures to organize the coded data proved to be a more complicated practice that did not fully capture the complexity of my participants' experiences. Discussing themes and quotes in terms of a single pillar was impossible, with many of the participants' recounted narratives overlapping several pillars. Therefore, I used Van Manen's phenomenology to frame the design and my understanding of what constituted a lived experience, but to further explore the themes that emerged within the data, Doucet and Mauthner's (2008) approach to data coding the 'Listening Guide' proved more helpful.

The Listening Guide allowed me to explore different aspects of narrative in isolation by using four different readings to explore and code the data, with themes emerging that would not have been uncovered using only Van Manen's phenomenology. Using narrative coding and the listening guide allowed me to see the quotes within their context and in isolation. Each reading had a different focus and allowed me to analyze each read in isolation with the opportunity to compare afterward. It is my opinion this thorough method of analysis uncovered significant key points in the data that were essential in understanding the underlying connections and links across participants' experiences. For example, conducting a specific analysis on how the women talked about themselves, and another analysis on how the women talked about others enabled me to focus on these aspects specifically and notice trends that

may not have emerged or had the same depth of analysis when solely using phenomenological analysis methods. By doing these separate analyses, I was able to discern that when talking about their 'home' when shared with others, the participants often used third-person terminology and when discussing their specific interactions or actions with the space, they often used first-person terminology, suggesting interesting insights into how the participants' experiences of 'home' and perceptions of themselves and others translated into their self-narrative. Diagramming (Saldaña, 2013; Umoquit et al., 2013) to make sense of the themes after coding was essential to understand the complexity of older women's experiences of 'home' while on a waitlist to relocate into a LTCH. Several themes that were initially viewed separately at the beginning of the diagramming process were found to overlap and connect to each other. As a result, the findings of this study are concepts that emerged across all interviews, with each concept discussing several pillars of the lived experience. I believe this analysis method allowed for a more complex understanding of the broader experience when looking at codes and quotes that seem layered and nuanced and provided the opportunity to make the connections between themes and the participants' experiences.

Although not originally planned for, providing participant profiles as part of my findings became essential to understanding each participant's individual context and story. The findings proved that every participant's unique life story shaped their unique experience of 'home' and it was impossible to capture that experience by only discussing emerging themes in the data. The participants' experiences of 'home' were complex, and that complexity could only be described with offering readers some knowledge on the participants' life stories. Those shared life stories played a large role in shaping the experiences and in how I made sense of the data and understood the relationships between the themes.

5.3 Implications for practice

The present study provides a glimpse into how older women experience being on a waitlist as they await potential relocation into a LTCH. Perspectives differ between each individual person based on their past experience, yet common themes play a significant role in the experience. To know a person as an individual during the process can help organizations and staff be more mindful of ways to discuss

relocating with clients that would be more productive. Particularly, case workers and counseling staff can benefit from these findings by using the information to better understand what plays a role in women's experiences. Understanding how each client's experience is unique could encourage staff to ask personalized questions to understand how women perceive 'home' and what is important to them. By understanding how these women perceive home and by knowing the common themes that play a role in the experience of being on a waitlist (see section 4.2), case workers and counseling staff could better help women who are reluctant to relocate or who are nervous about the transition. This information could help staff direct their clients with steps they should take to prepare for the transition and what would help once the individual has relocated.

Further, this study provides information particularly useful in informing LTCH practices and even policies and guidelines surrounding the process of transition for older women who are relocating to LTCHs. The findings of this study revealed that despite having three significantly different perspectives on the prospect of potential relocation, there were several common themes that the women described as significant factors that contribute to their experience of 'home'. How this knowledge can be used by LTCHs to help residents by helping staff recreating these factors could significantly improve the experience of relocation and reduce emotional stress and anxiety associated with the relocation process. LTCHs need to reevaluate what 'home' means by incorporating the findings of this study into their perspectives and missions. The individual meanings that people attribute to home--whether this be relationships formed, memories and associations, spatial embodiment, activities, etc.--can be recreated in a way that helps residents attribute their own meaning of 'home' to their new space. Helping residents focus on the specifics of the LTCH atmosphere and space that reflect their perspective of 'home' can make the transition better. By using this information to guide policy and implement best practice guidelines, LTCHs can change the experiences of their residents and ensure that LTCHs have the potential to truly feel like a home to their residents.

5.4 Implications for future research

The findings of this study suggest being on a waitlist to relocate into a LTCH is a complex experience that draws on several aspects of the lived experience that include the self, others, space, and time. The themes described in the findings of this study, including the feeling of home, spatial embodiment of the 'home' space, the role of others, the use of memories and past experiences to describe 'home, and the perspective of 'home' linked to life stages and aging-related changes influence how older women feel about relocating. These themes also describe how the participants anticipated they would adapt to relocating to a LTCH. However, even with the women having different perspectives on relocating into a LTCH, these findings were based on interviews with a small sample of three women living in similar social contexts. A study with a wider participant sample with varying cultural, socioeconomic, and demographic backgrounds would be significantly helpful in determining the applicability of the findings to the general population of women who are on a waitlist to relocate into a LTCH. Another interesting study that could be conducted would be to replicate the study with a sample of men who are on a waitlist to relocate into a LTCH to determine any gender differences in the experiences.

Notably interesting findings over the course of this study were the role of individuals' spatial embodiment of 'home', the role of memories and past experiences in understanding and experiencing 'home' and in perceiving relocation, and the participants' perceptions of the role that 'life stages' and aging play in the experience. The potential for more in-depth, focused research into these specific themes, that were not specifically discussed in previous literature, could uncover significant information on women's experiences of 'home' and how they are shaped.

As the original methods of this study sought to explore, an important gap in the literature and in this current study is the direct comparison within one study of the experiences of two groups of women: those who are on a waitlist to relocate into a LTCH and those who have recently relocated into a LTCH. A better understanding of the entire experience of relocation is needed. This study provided a significant understanding of the processes and elements at play in how women experience 'home' while on a waitlist to relocate to a LTCH but lacked the ability to relate how it may play a role in women's adjustment. This study was limited to reflections of the participants about how they thought they would adjust to

relocating. Also lacking in this study was the inclusion of visual and spatial data by using walking interviews and photographs to explore the experience of 'home'. Although it was part of the original proposal of this project, it had to be dropped. A future study that includes these non-verbal components would provide valuable information on the more complex aspects of 'home' that may be more difficult to verbalize for participants.

Finally, the findings of this study highlight the potentially significant impact in research that studies looking into the use of phenomenology in complex life experiences. One complication in the use of hermeneutic phenomenology (van Manen, 1990) during this study was the overlap across the pillars of the lived experience when making sense of the data. Whether the complication arose from the improper application of the framework to the topic this study sought to explore or whether it was an inability for the framework to fully encompass and describe such a complex experience is difficult to decide. Research that explores this issue and that would provide direction for future researchers hoping to use this approach to explore complex life experiences where the self, the other, the time, and the space overlap could be significantly helpful in qualitative research methods.

CHAPTER SIX: CONCLUSIONS

'Home' is a complex concept that intersects all facets of the lived experience. For women who are on a waitlist to relocate into a long-term care home and whose future in their residence cannot be predicted or anticipated with certainty, 'home' can be a difficult thing to describe or experience. This study aimed to explore how older women experience 'home' and how that may play a role during the transition as they relocate into a long-term care home. The findings of this study revealed that to experience and define 'home' is complex and cannot be done in isolation. Knowledge of an individual's background and their values helps in understanding their experience and the reasons behind their perspectives. While the experience is highly individualistic and dependent on a person's past experiences and present values, some aspects of the experience were common across all participants. It was found that 1) 'home' was described as an intrinsic experience; 2) 'home' was a way to express spatial embodiment; 3) others play a significant role in how participants experience 'home'; 4) memories are used as a way to describe and interpret the meaning of 'home'; and 5) life stages, aging, and significant events influence how one perceives and experiences 'home'.

The findings of this study provide a thorough outlook into the experience of participants as they await relocation into a long-term care home. The analysis of participants' narratives around 'home' revealed many concepts that describe how the women made sense of 'home' and the role it played in their lives, as well as how they perceived it would affect their future relocation. Understanding the concepts that play a role behind women's experiences of 'home' provide an understanding of their perspective on 'home' and an understanding of their perspective on leaving their place of residence and relocating to a long-term care home. Understanding why and how these perspectives are shaped can help in improving the transition experience by offering ways for staff, friends, and family to discuss and address the prospect of relocation with people who may be reluctant to leave their place of residence. This application of the findings has the potential to significantly reduce distress and negative reactions of adults going through the relocation process.

Future research around this topic should confirm the applicability of these findings with a larger,

more diverse sample of participants in order to make the results generalizable to a wider population. It is also important for future research to address men's experiences of 'home' while on a waitlist to relocate into a LTCH to explore similarities and differences between the experiences that could be attributed to social context. Finally, it is still important for future research to explore the experience of 'home' for individuals across the entire process of relocation. From this study, conclusions on the role 'home' play in future relocation and how it will affect adjustment to a new space can only be drawn through speculation from the participants' perspectives about their future. Exploring the entire experience of relocation into a LTCH is important to determine how 'home' may change and the role it plays in people's adjustment.

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APPENDICES

Appendix A: Originally proposed study design

The originally proposed study sought to better understand meanings and experiences surrounding gender and 'home' for older women who were at different stages of relocating into LTCH: both for those waiting for LTCH placement in the community and for those who had recently experienced LTCH placement. However, due to the Covid-19 pandemic outbreak in Canada in the early spring of 2020, several changes had to be made to the scope of the study due to limitations in recruiting participants. The study was unable to include a group of women who had recently relocated into a LTCH and was only able to do verbal interviews as well as a single follow-up interview.

The study sought to explore the experience of 'home' through relocation while considering the interacting circumstances in which these women lived and how these may influence the experience. To fulfill this purpose, the study was guided by an in-depth hermeneutic phenomenology approach to thoroughly and critically explore the lived experiences of 'home' of older women in these two groups. Only one study had explored the experience of relocation at different stages in older women using Van Manen's approach to hermeneutic phenomenology (Scott & Mayo, 2019). However, the Scott and Mayo (2019) study did not include a group of women who were anticipating a move into a LTCH in real time—the information collected about women's experience of anticipation was retrospective (Scott & Mayo, 2019). Additionally, a longer period of time had passed since the women's move into LTCHs (6-18 months; Scott & Mayo, 2019). This elapsed time may have given them the chance to adapt to the move prior to the study being conducted, knowing that some older adults experience adaptation as early as one month following a move into a LTCH (Wilson, 1997). The current study provides insight into women's lived experiences of 'home' while they are on a waitlist to relocate into a LTCH in real time -- a perspective the Scott and Mayo (2019) study did not address. Exploring these women's experiences using Van Manen's approach to the lived experience provided a full outlook on the experience of 'home' for older women. This thorough outlook allowed for a critical analysis of what circumstances influence the

women's lived experiences as they await relocation into a LTCH. The study also aimed to conduct interviews with women who had recently moved into a LTCH as early as 1-3 weeks following relocation to get an early perspective of the lived experience; since I could not recruit a group of women who had recently relocated into a LTCH, exploring this perspective was not possible.

Due to a global outbreak of the Covid-19 virus, with Canada and the province of Ontario declaring states of emergency, LTCHs in the city where the study took place restricted research activities and any outside visitors within their facilities. During this study's period of data collection, it was not possible to recruit participants from LTCHs. While the outbreak complicated matters in reaching the scope this thesis research intended to reach, the research design, data collection methods, and data analysis approach were adapted accordingly and are described below. These changes created significant barriers in reaching the original goal of the study to get a cross-stage outlook of the lived experiences of 'home' for both women who were on a waitlist to relocate into a LTCH as well as women who had recently relocated to a LTCH. Particularly challenging was the timing of participant recruitment. The rest of the current section outlines the initial plan that was proposed in June 2019 prior to the pandemic outbreak as well as the changes that were made to the design of the study.

To justify the smaller-than-anticipated sample size in this study, the application of the study's findings was changed. Instead of providing a comparison between women who were on a waitlist to relocate to a LTCH and women who had recently relocated to a LTCH, the study's findings focus around in-depth explorations of women's narratives about their lived experiences of 'home' and comparing emerging themes to women's context, giving the narratives more meaning.

Changes to Participant Sample and Recruitment

The first round of interviews for the group of women who were on a waitlist to move into a LTCH proceeded as planned in January and February of 2020. However, when time came to reach out to

participants again for a second interview the province had recently announced a state of emergency. In-person gatherings were limited to those who lived together in a household and amendments had to be made to the data collection approach of the project in order to conduct follow-up interviews over the phone. As mentioned previously, only one participant chose to do a follow-up interview. One participant declined to participate in the study and one participant did not answer my attempts to contact her.

Our progress in recruiting participants from LTCHs for the group of women who had recently relocated to a LTCH halted when the state of emergency in Ontario was announced. The LTCH's Research Ethics Board was no longer processing ethics applications and would not be continuing research activities in their facilities. Visitors were also not allowed in LTCHs at the time. I had to make the choice to remove the potential participant group of women who had recently relocated to a LTCH from our study. At this time, I am considering the opportunity to carry on with the study and including this participant group once Covid-19-related restrictions ease in LTCHs in an attempt to answer my original research questions.

If the study had carried on as planned, staff from a local LTCH would have assisted in recruiting participants who may have been interested in participating in the project. The eligibility criteria for potential participants given to staff was as follows:

- i. The candidate identifies as a woman;
- ii. The candidate has relocated to the LTCH in the last 1-3 weeks;
- iii. The candidate has the capacity to provide informed consent;
- iv. The candidate has the capacity to engage in conversation and discussion;
- v. The candidate or their environment does not pose any danger or threat to the researcher.

Changes to Research Design and Data Collection

If the project had gone on as planned, the follow-up interviews with the women who were on a waitlist to relocate into a LTCH would have been conducted as a walking interview (Evans & Jones, 2011), being useful in eliciting discussion surrounding the lived space of participants, and photographic

data would have been collected with participants' permission. Asking participants to show "What is something that makes this place feel like home?" or "What is your favorite space in this place?" would have facilitated rich discussion. Research determined that objects and spaces within the home have special meaning and play a role in one's experience of 'home' both in the community and in LTCHs (Rubinstein & de Medeiros, 2005; Sherman & Dacher, 2005), and that some people use objects as a "*language of the self*" or a "*form of self-expression*" (Rubinstein & de Medeiros, 2005, p. 58).

Encouraging participants to include non-verbal forms of expression (such as references to specific objects or spaces in their environment) in their answers would have revealed interesting perceptions about participants' experiences in the physical environment (Kaufman, 1986; Rubinstein, 1989; Rubinstein & de Medeiros, 2005). With participants' permission, photographs would have been taken of objects or spaces discussed as having great significance to them. People or identifying information that would have been captured in the photographs would have been anonymized. Given the complex nature of the lived experience of 'home' in older women's lives, these combined methods of narrative interviews, walking interviews, and photograph-taking would have triangulated a comprehensive and thorough insight into the phenomenon. Unfortunately, the walking interview was unable to take place and photographs were not collected as a part of this study.

For women who had recently relocated to a LTCH, the first interview was meant to focus on getting a general idea of the experiences of 'home' in the wake of moving to a new setting and on obtaining related information for context. The second interview was designed for a more in-depth, detailed outlook on the participant's experience of 'home' and in understanding any changes that may have occurred as they had time to adjust to their new setting. These participants would also have been asked to show me which spaces or objects within the residence held meaning for them, what that meaning was, and how that was different from their previous home. With permission, photographs would have been taken of these physical elements of the residence.

Changes to Data Analysis

The photographs that would have been taken during the interviews would have been used to complement the transcribed data from the interviews. Photo elicitation has been helpful in the study of environments and communities and their influence on people's lived experiences (Epstein et al., 2006; Loeffler, 2004). Given the physical nature of the women's environments and its influence on their lived experiences of 'home', visual data would have been appropriate in getting a better understanding of the phenomenon. Having visual data such as photographs could help in raising bigger questions that could then be related back to the transcribed data: "*How does the image relate to bigger ideas, values, events, cultural constructions?*" (Clark-Ibáñez, 2004; Harper, 2002; Richard & Lahman, 2015; Saldaña, 2013, p. 56). Unfortunately, due to the COVID-19 outbreak, I was unable to do any secondary interviews within the participants' homes and was therefore unable to take photographs for data. I would have asked participants what spaces or objects elicited meaning to the experience of 'home' and would have taken photographs of what the participants showed without including any identifying information or any other people (Clark-Ibáñez, 2004). After taking the photograph, I would have asked follow-up questions to clarify the importance of what was photographed in the experience of 'home'.

Following discussions with my supervisor, I decided to adopt two new analysis methods to add to existing analyses in lieu of the walking interview and the photographs and to compensate for the smaller number of interviews that were conducted. The originally mentioned 'Vancouver School of phenomenology' (Halldórsdóttir & Hamrin, 1997) method was used as an initial analysis approach to extract broader ideas, common themes, and differences between transcripts and how they related to the phenomenon of being on a waitlist to move into a LTCH. The added methods were (1) voice-centered relational analysis and (2) diagramming and are described in section 3.8: *Data Analysis*.

Appendix B: Interview guide (Waitlist group, 1st interview)**Women Who are Waiting to Relocate into a LTCH**
Interview #1

Hi, my name is Emilie and I'm a master's student at Lakehead University. I'm meeting with you today as part of my thesis project that I'm working on, where I'm interested in hearing about women's experiences being on a waitlist to relocate into a LTCH or after recently moving into a LTCH.

I'll be asking you questions to get a sense of what it's like to be on a waitlist for moving into a LTCH and how that may play a role in the meaning of 'home'. If you don't feel comfortable answering certain questions for any reason at all, you can let me know and I will move on, no questions asked. If you want to stop the interview at any time, you can let me know and we will stop, no questions asked. Anything you share with me will remain anonymous, which means we won't use your name or any information that would allow someone to know your identity. I will be using made-up names and censoring identifying information if there is a need for it.

The information and stories you share with me today will help in getting a better understanding of what it's like to be on a waitlist to move into a LTCH home. It will help in getting an idea of the essence of the experience of 'home' and I will potentially be able to make recommendations that can help improve services for people on waitlists to move into a LTCH.

We are getting help from Home and Community Care to find people that are willing to participate in interviews, but we are not affiliated with them. Anything you tell me today will not be shared with HCC and we will not tell them whether or not you participated in an interview.

Do you have any questions for me?

****Review information letter, consent form and signature***

Introductions

To start off and get a better understanding of your experiences, could you tell me about yourself?

What are 3 things you would want people to know about you?

How long have you lived in this place?

How did you come to live here?

How many times have you moved in your adult life?

Where did you live for the shortest time in your life?

Where did you live for the longest time in your life?

What does 'home' mean to you?

Is a 'house' the same as a 'home'? Why or why not?

How do you think the words 'house' and 'home' relate?

Adapting

Tell me a bit about this place where you are living.

Have you changed since moving here?

How?

How do you feel about being on a waitlist?

How do you feel about how you came to be on a waitlist?

What have *you* done to make this place feel like home?

What have others done to make this place feel like home?

Day-to-day life

What is a typical day like for you here?

How do you spend your time here?

In which areas do you spend the most time?

In which areas do you spend the least time?

Does that change throughout the year? (e.g. in the fall, spring, or summer)

What kind of things do you do here? What do you enjoy doing here?

Are you involved in any activities?

What do you like about this place?

What do you not like about this place?

Who else shares this space with you (family or not)?

Tell me a bit more about that.

How long have they lived here/how often do they come here?

Are they related to you and if so, how?

Current experience of 'home'

I know you are currently on a waitlist to move into a LTCH. How did that happen?

How long have you been on the waitlist?

What do you think of this place?

How would you describe it to someone who had never been here?

What is important to you about being here?

Do you feel attached to this place? How so?

Why?

Does this place feel like home? Is so, why? If not, why not?

What could have made this place feel more like home?

Are there things that have not made this place feel like home? What are those things? Why?

Conclusions

What are you looking forward to?

Is there anything about your experience that is important, but we haven't talked about?

Did you have any questions for me?

****Thank participant and ask for follow-up interview***

Notes/Observations

Appendix C: Interview guide (Waitlist group, 2nd interview)**Women who are Waiting to Relocate into a LTCH**
Interview #2

Hi, my name is Emilie and I'm a master's student at Lakehead University. I'm meeting again for a follow-up interview with you as part of my thesis project that I'm working on, where I'm interested in hearing about women's experiences being on a waitlist to relocate into a LTCH or after recently moving into a LTCH.

I'll be asking you questions to get a sense of what it's like to be on a waitlist for moving into a LTCH and how that may play a role in the meaning of 'home'. If you don't feel comfortable answering certain questions for any reason at all, you can let me know and I will move on, no questions asked. If you want to stop the interview at any time, you can let me know and we will stop, no questions asked. Anything you share with me will remain anonymous, which means we won't use your name or any information that would allow someone to know your identity. I will be using made-up names and censoring identifying information if there is a need for it.

The information and stories you share with me today will help in getting a better understanding of what it's like to be on a waitlist to move into a LTCH home. It will help in getting an idea of the essence of the experience of 'home' and I will potentially be able to make recommendations that may help improve services for people on waitlists to move into a LTCH.

We are getting help from Home and Community Care to find people that are willing to participate in interviews, but we are not affiliated with them. Anything you tell me today will not be shared with HCC and we will not tell them whether or not you participated in an interview.

Do you have any questions for me?

****Review information letter, consent form and signature***

Introductions

To start off, I asked this at our last interview, but could you tell me about yourself?

And what are 3 things you would want people to know about you?

What does 'home' mean to you?

Is a 'house' the same as a 'home'? Why or why not?

How do you think the words 'house' and 'home' relate?

How do you feel about being on a waitlist?

How do you feel about how you came to be on a waitlist?

Day-to-day life

What do you think of this place?

How would you describe it to someone who had never been here?

How attached do you feel to this place?

What is important to you about being here?

What is a typical day like for you here?

What do you usually do here?

What do you enjoy doing here?

In which areas do you spend the most time?

In which areas do you spend the least time?

What kind of things do you do here? What do you enjoy doing here?

Are you involved in any activities?

What do you like about this place?

What do you dislike about this place?

What would you miss the most once you've relocated?

Why?

Current experience of 'home'

What has made this place feel like home?

What could have made this place feel like home?

What has made this place *not* feel like home?

What have *you* done to make this place feel like home?

What have others done to make this place feel like home?

Do you think you have changed since we last spoke two months ago?

We typically talk about home as being a place that's comforting, relaxing, and safe.

What do you think about that?

How do you feel about that?

Walking Interview

Like I mentioned before, a part of my project involves taking pictures of things or places in here that are meaningful to you. Would you feel comfortable with me taking photographs?

YES: carry on with rest of interview

NO: That is completely okay. I will not take any pictures. Would you feel comfortable walking around and telling me about what here is meaningful to you and I could record what you say?

Can you show me something or someplace here that is meaningful to you?

Why is this meaningful?

What aspects or things have made this feel like home (or not home)?

What are you looking forward to?

Conclusions

What changes do you think could be made that would make being on a waitlist easier?

What advice would you give to someone who is on a waitlist?

Is there anything about your experience that is important, but we haven't talked about?

Did you have any questions for me?

****Thank participant and ask for follow-up meeting***

Notes/Observations

Appendix D: Interview guide (Relocated group, 1st interview)**Women Who have Recently Relocated into a LTCH**
Interview #1

Hi, my name is Emilie and I'm a master's student at Lakehead University. I'm meeting with you today as part of my thesis project that I'm working on, where I'm interested in hearing about women's experiences being on a waitlist to relocate into a LTCH or after recently moving into a LTCH.

I'll be asking you questions to get a sense of what it's like to have recently moved into a LTCH and how that may play a role in the meaning of 'home'. If you don't feel comfortable answering certain questions for any reason at all, you can let me know and I will move on, no questions asked. If you want to stop the interview at any time, you can let me know and we will stop, no questions asked. Anything you share with me will remain anonymous, which means we won't use your name or any information that would allow someone to know your identity. I will be using made-up names and censoring identifying information if there is a need for it.

The information and stories you share with me today will help in getting a better understanding of what it's like to move into a LTCH. It will help in getting an idea of the essence of the experience of 'home' and I will potentially be able to make recommendations that can help improve services for people who move into a LTCH.

We are getting help from Hogarth Riverview Manor to find people that are willing to participate in interviews, but we are not affiliated with them. Anything you tell me today will not be shared with HRM and we will not tell them whether or not you participated in an interview.

Do you have any questions for me?

****Review information letter, consent form and signature***

Introduction

To start off and get a better understanding of your experiences, could you tell me about yourself?

What are 3 things you would want people to know about you?

How long have you lived in this place?

How did you come to live here?

Where did you live before?

How many times have you moved in your adult life?

Where did you live for the shortest time in your life?

Where did you live for the longest time in your life?

What does 'home' mean to you?

Is a 'house' the same as a 'home'? Why or why not?

How do you think the words 'house' and 'home' relate?

Moving and Adapting

Tell me a bit about this place where you are living.

What was the experience of moving here like?

How did you feel?

How did it happen?

How have you adjusted since living here?

What helped?

What made it more difficult?

What do you like about this place?

What do you not like about this place?

What is something you miss since you got here?

What is something you do not miss?

What here is the same as the place you previously lived?

What is different?

What have *you* done to make this place feel like home?

What would have helped you make this place feel like home?

What have others done to make this place feel like home?

Have you changed since moving here?

How?

Day-to-day life

What is a typical day like for you here?

What do you usually do here?

How do you spend your time here?

In which areas do you spend the most time?

In which areas do you spend the least time?

What kind of things do you do here? What do you enjoy doing here?

Are you involved in any activities?

Who else shares this space with you?

Tell me a bit more about that.

How long have they lived here/how often do they come here?

Are they related to you? And if so, how?

Current experience of 'home'

How would you describe this place to someone who had never been here?

What is important to you about being here?

Do you feel attached to this place? How so?

Why?

Does this place feel like home? If so, why? If not, why not?

What could have made this place feel more like home?

Are there things that have not made this place feel like home? What are those things? Why?

Conclusions

What are you looking forward to?

Is there anything about your experience that is important, but we haven't talked about?

Did you have any questions for me?

****Thank participant and ask for follow-up interview***

Notes/Observations

Appendix E: Interview guide (Relocated group, 2nd interview)**Women Who have Recently Relocated into a LTCH**
Interview #2

Hi, my name is Emilie and I'm a master's student at Lakehead University. I'm meeting with you today as part of my thesis project that I'm working on, where I'm interested in hearing about women's experiences being on a waitlist to relocate into a LTCH or after recently moving into a LTCH.

I'll be asking you questions to get a sense of what it's like to be have recently moved into a LTCH and how that may play a role in your meaning of 'home'. If you don't feel comfortable answering certain questions for any reason at all, you can let me know and I will move on, no questions asked. If you want to stop the interview at any time, you can let me know and we will stop, no questions asked. Anything you share with me will remain anonymous, which means we won't use your name or any information that would allow someone to know your identity. I will be using made-up names and censoring identifying information if there is a need for it.

The information and stories you share with me today will help in getting a better understanding of what it's like to be on a waitlist to move into a LTCH home. It will help in getting an idea of the essence of the experience of 'home' and I will potentially be able to make recommendations that can help improve services for people who are in the process to move into a LTCH.

We are getting help from Hogarth Riverview Manor to find people that are willing to participate in interviews, but we are not affiliated with them. Anything you tell me today will not be shared with HRM and we will not tell them whether or not you participated in an interview.

Do you have any questions for me?

****Review information letter, consent form and signature***

Introduction

To start off, I asked this question at our last interview, but could you tell me about yourself?

What are 3 things you would want people to know about you?

What does 'home' mean to you?

Is a 'house' the same as a 'home'? Why or why not?

How do you think the words 'house' and 'home' relate?

Moving and Adapting

What parts of your life have changed since I last spoke to you when you first moved here?

How has the adjustment been over the last months?

What helped?

What made it difficult?

What here is the same as the place you previously lived?

What is different?

What do you like about this place?

What do you not like about this place?

What is something you miss since you got here?

What is something you do not miss?

Has your meaning of home changed since you first got here?

What have *you* done to make this place feel like home?

What would have helped you make this place feel like home?

What have others done to make this place feel like home?

Day-to-day life

What is a typical day like for you here?

What do you usually do here?

What do you enjoy doing here?

In which areas do you spend the most time?

In which areas do you spend the least time?

What kind of things do you do here? What do you enjoy doing here?

Are you involved in any activities?

Who else shares this space with you?

Tell me a bit more about that.

How long have they lived here/how often do they come here?

Are they related to you? And if so, how?

Current experience of 'home'

How would you describe this place to someone who had never been here?

What is important to you about being here?

How attached do you feel to this place?

Why?

Does this place feel like home? If so, why? If not, why not?

What could have made this place feel more like home?

Are there things that have not made this place feel like home? What are those things? Why?

We typically talk about home as being a place that's comforting, relaxing, and safe.

How do you feel about that?

What do you think about that?

Walking Interview

Like I mentioned before, a part of my project involves taking pictures of things or places in here that are meaningful to you. Would you feel comfortable with me taking photographs?

YES: carry on with rest of interview

NO: That is completely okay. I will not take any pictures. Would you feel comfortable walking around and telling me about what here is meaningful to you and I could record what you say?

Can you show me something or someplace here that is meaningful to you?

Why is this meaningful?

What aspects or things have made this feel like home (or not home)?

Conclusions

What are you looking forward to?

What changes do you think could be made to make relocating to a LTCH easier?

What advice would you give to someone who has just relocated to a LTCH?

Is there anything about your experience that is important, but we haven't talked about?

Did you have any questions for me?

****Thank participant and ask for follow-up meeting***

Notes/Observations

Appendix F: Information letter (Waitlist group)

Centre for Education and Research
on Aging & Health
t: (807) 766-7294 f: (807) 766-7222
e: cerah@lakeheadu.ca

Information Letter for Potential Participants (Waitlist Group)

Dear Potential Participant,

We would like to invite you to participate in a project titled "LIVED EXPERIENCES OF 'HOME'", where we are currently seeking to understand the perspectives and experiences of 'home' of women who are on a waitlist to move into a long-term care home in Ontario.

WHO IS CONDUCTING THIS PROJECT?

- Emilie Gaudet, graduate student, Centre for Education and Research on Aging & Health (CERAH), Lakehead University
- Elaine Wiersma, associate professor, Centre for Education and Research on Aging & Health (CERAH), Lakehead University

WHAT IS THIS PROJECT ABOUT?

The project aims to talk to women who are currently on a waitlist to relocate into a long-term care home to understand more about your experiences and needs. We are also talking with women who have recently relocated into a long-term care home to get insight on their experiences. We are hoping to get a better understanding of how 'home' is experienced as women wait to relocate into a long-term care home and shortly after relocating into a long-term care home.

WHAT WILL THIS INFORMATION BE USED FOR?

The information gathered in this study will be used to inform the services in the region about ways they can facilitate the relocation process. Very little work has looked at both the experience of 'home' for women who are on a waitlist for relocation into long-term care home and for women who have recently moved into a long-term care home, and sharing your experiences will help us to potentially make recommendations that can help improve services and programs for people on waitlists to move into long-term care homes.

The researchers (Emilie & Elaine) may also be using this information to publish and make public presentations about this work, including using the findings to

inform relevant services about improvements that could be made to make relocation easier for women.

WHO IS THIS RESEARCH FUNDED BY?

This research is not funded. All data remains property of the researchers (E. Gaudet & E. Wiersma).

WHAT IS REQUIRED OF ME TO PARTICIPATE?

We will be asking you to participate in two interviews for approximately one to two hours in your place of residence. The second interview will take place approximately 2 months after the first interview. We will be asking you to think about your experiences being on a waitlist to relocate into a long-term care home and on how you experience 'home'. The interviews will be audiotaped so we (Emilie & Elaine) can have a better record of our conversations. During the second interview, I (Emilie) will ask if you are willing to show me around your place of residence and will ask for your permission to take pictures of any meaningful attributes in your place of residence for our analyses.

Following the two interviews, I will ask you whether you would be interested in meeting with me for a third, informal meeting in two months' time for member-checking purposes. This third meeting will not be recorded. During this meeting, I will ask your opinion on the results of my analyses to confirm the accuracy of the analyses.

Participation is completely voluntary, and you may refuse to participate in any part of the study without consequence or penalty. If you choose, you do not have to answer any questions during the interview that you may be uncomfortable with. You may also have someone with you during the interview if it helps you feel more comfortable. Due to the nature of the study, we can arrange to meet in a public setting and get acquainted prior to the first interview when I come to your place of residence. This meeting would not be included in the study and would not be recorded.

WHAT IF I PARTICIPATE AND THEN CHANGE MY MIND?

If you change your mind about being a participant in this study, you can contact Emilie within three months of any interview at (807) 766-7123 or egaudet@lakeheadu.ca. All your information will be removed from the project. If you choose not to participate in a second interview, you may ask that we do not use information you shared during the first interview.

WHO WILL HAVE ACCESS TO THE INFORMATION I SHARE?

All data will remain anonymous and all name references will be replaced by pseudonyms. The data will remain locked in a filing cabinet at CERAH for up to 5 years at Lakehead University. Your name will never be attached to your quotes or experiences. Your quotes may be used with no identifying information attached to it.

WILL THERE BE ANY BENEFIT TO ME?

You may benefit from participation in the interviews by being presented the opportunity to talk about experiences you have lived through. From the information you (and others) share, I may be able to make recommendations that can help improve services and programs for people on waitlists to move into long-term care homes. Your status on the waitlist will not be affected in any way if you choose to participate (or not to participate) in this study. Wording has been changed

WILL THERE BE ANY RISK TO ME?

Your participation or your withdrawal from the research will have no impact on your experiences and access to present or future services in your community. Your status on the waitlist will not be affected in any way if you participate (or don't participate) in this study, and any organization you may be involved with through the waitlist process will not be aware of whether you decide to participate or not.

The level of risk associated with your participation is low. If you become emotionally triggered or distressed because of the nature of the study, we have information on supports that are available to you.

WHO CAN I CONTACT IF I HAVE MORE QUESTIONS?

Emilie Gaudet at egaudet@lakeheadu.ca
Dr. Elaine Wiersma at (807) 766-7294 or ewiersma@lakeheadu.ca

This research study has been reviewed by the Lakehead University Research Ethics Board. If you have any questions related to the ethics of the research and would like to speak to someone other than the researcher, please contact Sue Wright at the Research Ethics Board at [807-343-8283](tel:807-343-8283) or research@lakeheadu.ca.

HOW CAN I GET A COPY OF THE RESEARCH FINDINGS?

A summary of the research findings will be mailed to you or you can contact Dr. Elaine Wiersma at (807) 766-7294.

Appendix G: Information letter (Relocated group)

Centre for Education and Research
on Aging & Health
t: (807) 766-7294 f: (807) 766-7222
e: cerah@lakeheadu.ca

Information Letter for Potential Participants (Relocated Group)

Dear Potential Participant,

We would like to invite you to participate in a project titled "LIVED EXPERIENCES OF 'HOME'", where we are currently seeking to understand the perspectives and experiences of 'home' of women who have recently relocated into a long-term care home in Ontario.

WHO IS CONDUCTING THIS PROJECT?

- Emilie Gaudet, graduate student, Centre for Education and Research on Aging & Health (CERAH), Lakehead University
- Elaine Wiersma, associate professor, Centre for Education and Research on Aging & Health (CERAH), Lakehead University

WHAT IS THIS PROJECT ABOUT?

The project aims to talk to women who have recently relocated into a long-term care home to understand more about your experiences and needs. We are also talking with women who are currently on a waitlist to relocate into a long-term care home to get insight on their experiences. We are hoping to get a better understanding of how 'home' is experienced as women wait to relocate into a long-term care home and shortly after relocating into a long-term care home.

WHAT WILL THIS INFORMATION BE USED FOR?

The information gathered in this study will be used to inform the services in the region about ways they can facilitate the relocation process. Very little work has looked at both the experience of 'home' for women who are on a waitlist for relocation into long-term care home and for women who have recently moved into a long-term care home, and sharing your experiences will help us to potentially make recommendations that can help improve services and programs for people who have recently moved into long-term care homes.

The researchers (E. Gaudet & E. Wiersma) may also be using this information to publish and make public presentations about this work, including using the

findings to inform relevant services about improvements that could be made to make relocation easier for women.

WHO IS THIS RESEARCH FUNDED BY?

This research is not funded. All data remains property of the researchers (E. Gaudet & E. Wiersma).

WHAT IS REQUIRED OF ME TO PARTICIPATE?

We will be asking you to participate in two interviews for approximately one to two hours in your place of residence. The second interview will take place approximately 2 months after the first interview. We will be asking you to think about your experiences of moving into a long-term care home and on how you experience 'home'. The interview will be audiotaped so we (Emilie and Elaine) can have a better record of our conversations. During the second interview, I (Emilie) will ask if you are willing to show me around your place of residence and will ask for your permission to take pictures of any meaningful attributes in your place of residence for our analyses.

Following the two interviews, I will ask you whether you would be interested in meeting with me for a third, informal meeting in two months' time for member-checking purposes. This third meeting will not be recorded. During this meeting, I will ask your opinion on the results of my analyses to confirm the accuracy of the analyses.

Participation is completely voluntary, and you may refuse to participate in any part of the study without consequence or penalty. If you choose, you do not have to answer any questions during the interview that you may be uncomfortable with. You may have someone with you during the interview if it helps you feel more comfortable. Due to the nature of the study, we can arrange to meet in a public setting and get acquainted prior to the first interview when I come to your place of residence. This meeting would not be included in the study and would not be recorded.

WHAT IF I PARTICIPATE AND THEN CHANGE MY MIND?

If you change your mind about being a participant in this study, you can contact Emilie within three months of any interview at (807) 766-7123 or egaudet@lakeheadu.ca. All your information will be removed from the project. If you choose not to participate in a second interview, you may ask that we do not use information you shared during the first interview.

WHO WILL HAVE ACCESS TO MY INFORMATION?

All data will remain anonymous and all name references will be replaced by pseudonyms. The data will remain locked in a filing cabinet at CERAH for up to 5 years at Lakehead University. Your name will never be attached to your quotes or experiences. Your quotes may be used with no identifying information attached to it.

WILL THERE BE ANY RISK TO ME?

Your participation or your withdrawal from the research will have no impact on your experiences and access to present or future services in your community. Any care or services you receive or have access to will not be affected in any way if you choose to participate or not participate, and service providers will not be made aware of your decision.

The level of risk associated with your participation is low. If you become emotionally triggered or distressed because of the nature of the study, we have information on supports that are available to you.

WHO CAN I CONTACT IF I HAVE MORE QUESTIONS?

Emilie Gaudet at egaudet@lakeheadu.ca
Dr. Elaine Wiersma at (807) 766-7294 or ewiersma@lakeheadu.ca

This research study has been reviewed by the Lakehead University Research Ethics Board. If you have any questions related to the ethics of the research and would like to speak to someone other than the researcher, please contact Sue Wright at the Research Ethics Board at [807-343-8283](tel:807-343-8283) or research@lakeheadu.ca.

HOW CAN I GET A COPY OF THE RESEARCH FINDINGS?

A summary of the research findings will be mailed to you or you can contact Dr. Elaine Wiersma at (807) 766-7294.

Appendix H: Consent form (1st interviews)

Centre for Education and Research
on Aging & Health
t: (807) 766-7294 f: (807) 766-7222
e: cerah@lakeheadu.ca

Consent Form (1st Interviews)**WHAT DO I NEED TO DO TO AGREE TO PARTICIPATE?**

If you agree to voluntarily participate, and you have read and understood the information listed in the Letter of Information (including the risks and benefits of the research), please check and sign below:

- ☐ I consent to participate in an interview about my experiences of 'home'
- ☐ I have read and understood the above information (including the risks and benefits of the research).
- ☐ I consent to have this conversation audio recorded.

Name: _____

Signature: _____

Date: _____

Researcher Signature: _____

If you would like a copy of the research findings, please leave your contact information (email or mailing address) below:

Appendix I: Consent form (2nd interviews)

Centre for Education and Research
on Aging & Health
t: (807) 766-7294 f: (807) 766-7222
e: cerah@lakeheadu.ca

Consent Form (2nd Interviews)**WHAT DO I NEED TO DO TO AGREE TO PARTICIPATE?**

If you agree to voluntarily participate, and you have read and understood the information in the Letter of Information (including the risks and benefits of the research), please check and sign below:

- ☐ I consent to participate in an interview about my experiences of 'home'
- ☐ I have read and understood the above information (including the risks and benefits of the research).
- ☐ I consent to have this conversation audio recorded.
- ☐ I consent to researchers using the photographs taken during this interview in their data analysis.

Name: _____

Signature: _____

Date: _____

Researcher Signature: _____

If you would like a copy of the research findings, please leave your contact information (email or mailing address) below:

Appendix J: Additional insert**Additional Insert**

Extra questions (following review of previous interviews or of interview #1 when applicable)

Notes

Appendix K: Recruitment scripts

Centre for Education and Research
on Aging & Health
t: (807) 766-7294 f: (807) 766-7222
e: cerah@lakeheadu.ca

Recruitment Scripts**FOR HOME AND COMMUNITY CARE, WAITLIST GROUP**

Since you are currently on a waitlist to move into a long-term care home, I wanted to let you know there is currently a research project taking place at Lakehead University that wants to get a better understanding of women's experiences of 'home' as they wait to move into long-term care homes. The study is run by a graduate student named Emilie, and she is looking for people who may be interested in participating in two interviews for 1 to 2 hours to talk about their experiences. I was wondering if this is something you may be interested in. Your status on the waitlist will not be affected in any way whether you choose to participate or not, and staff with Home and Community Care will not know whether you have chosen to participate or not.

I have an information letter that she gave me that offers more details on the project and what role you would play. Is this something you would be interested in? Do you have any questions I may be able to answer for you? [Briefly go over the Information Letter]

[If YES or MAYBE] Would it be okay with you if I wrote down your phone number and/or email and give it to Emilie so she can contact you? She can answer any other questions or concerns you may have over the phone. She will call you to set up a meeting time for an interview.

[If NO] Would you feel more comfortable if you were able to ask Emilie some questions about the study?

FOR HOGARTH RIVERVIEW MANOR, RELOCATED GROUP

Since you have recently moved here, I wanted to let you know there is currently a research project taking place at Lakehead University that wants to get a better understanding of women's experiences of 'home' shortly after moving into long-term care homes. The study is run by a graduate student named Emilie, and she is looking for people who may be interested in participating in two interviews for 1 to 2 hours to talk about their experiences. Any care or services you have access to here will not be affected in any way whether you choose to participate or not, and staff will not know whether you have chosen to participate or not.

I was wondering if this is something you may be interested in. I have an information letter that she gave me that offers more details on the project and what role you would play. Is this something you would be interested in? Do you have any questions I may be able to answer for you? [Briefly go over the Information Letter]

[If YES or MAYBE] Would it be okay with you if I wrote down your phone number and/or email and give it to Emilie so she can contact you? She can answer any other questions or concerns you may have over the phone. She will call you to set up a meeting time for an interview.

[If NO] Would you feel more comfortable if you were able to ask Emilie some questions about the study?

Appendix L: Available supports (Waitlist group)

Centre for Education and Research
on Aging & Health
t: (807) 766-7294 f: (807) 766-7222
e: cerah@lakeheadu.ca

Available Supports (Waitlist Group)

Dear Participant,

Thank you for participating in this study: "The Lived Experiences of 'Home' for Women Waiting for and After Relocation into a Long-term Care Home". Your help is greatly appreciated and will be useful in informing services offered in the region to those who are in the process of moving into a long-term care home.

If, for any reason, you may need to talk to someone or you feel distressed as a result of this study, please contact Kevin Chony for support and/or assistance. His contact information is available below.

Sincerely,

Emilie Gaudet & Dr. Elaine Wiersma
Department of Health Sciences, Lakehead University

Kevin Chony

Manager of Community Care, North West Local Health Integration Network

t: 807-766-2829, ext. 2275

e: kevin.chony@lhins.on.ca

Appendix M: Available supports (Relocated group)

Centre for Education and Research
on Aging & Health
t: (807) 766-7294 f: (807) 766-7222
e: cerah@lakeheadu.ca

Available Supports (Relocated Group)

Dear Participant,

Thank you for participating in this study: "The Lived Experiences of 'Home' for Women Waiting for and After Relocation into a Long-term Care Home". Your help is greatly appreciated and will be useful in informing services offered in the region to those who are in the process of moving into a long-term care home.

If, for any reason, you may need to talk to someone or you feel distressed as a result of this study, please contact Tawny Roblin for support and/or assistance. Her contact information is available below.

Sincerely,

Emilie Gaudet & Dr. Elaine Wiersma
Department of Health Sciences, Lakehead University

Tawny Roblin
Social Worker, Saint Joseph's Care Group

e: roblint@tbh.net
t: 625-1110 ext 1073 (office) OR 631-8046 (cell)

Appendix N: Lakehead University Research Ethics Board approval letter

Research Ethics Board
t: (807) 343-8283
research@lakeheadu.ca

November 11, 2019

Principal Investigator: Dr. Elaine Wiersma
Student: Emilie Michelle Gaudet
Faculty of Health and Behavioural Sciences\Health Sciences
Lakehead University
955 Oliver Road
Thunder Bay, ON P7B 5E1

Dear Dr. Wiersma and Miss Michelle Gaudet:

Re: Romeo File No: 1467420
Granting Agency: N/A
Agency Reference #: N/A

On behalf of the Research Ethics Board, I am pleased to grant ethical approval to your research project titled, "The Lived Experiences of 'Home' for Women Waiting for and After Relocation into a Long-term Care Home".

Ethics approval is valid until November 11, 2020. Please submit a Request for Renewal to the Office of Research Services via the Romeo Research Portal by October 11, 2020 if your research involving human participants will continue for longer than one year. A Final Report must be submitted promptly upon completion of the project. Access the Romeo Research Portal by logging into myInfo at:

<https://erppw.lakeheadu.ca/>

During the course of the study, any modifications to the protocol or forms must not be initiated without prior written approval from the REB. You must promptly notify the REB of any adverse events that may occur.

Best wishes for a successful research project.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristin Burnett", written over a horizontal line.

Dr. Kristin Burnett
Chair, Research Ethics Board

/sm

Appendix O: Covid-19 Amendment - Additional recruitment script (email)

Email recruitment

Hello all,

My name is Emilie Gaudet and I am a Master's student in the Department of Health Sciences at Lakehead University. As part of my degree, I am conducting a research project titled "LIVED EXPERIENCES OF 'HOME'", where we are currently seeking to understand the perspectives and experiences of 'home' of women who are on a waitlist to move into a long-term care home in Ontario.

I am looking for women who are currently on a waitlist to move into a long-term care home in Ontario to participate in my study.

Participating in the study would include a 1-2-hour phone interview with me about your experiences of 'home'. The interview would be audio-recorded. You may withdraw from the study at any point, and you may withhold from answering any question you do not want to answer.

For more details about the study, please see the information letter attached to this email, or contact Emilie Gaudet at egaudet@lakeheadu.ca. You may also contact Emilie if you wish to participate in the study.

Best wishes,
Emilie Gaudet

Appendix P: Covid-19 Amendment - Information letter (Waitlist group, 1st interview)

Centre for Education and Research
on Aging & Health
t: (807) 766-7294 f: (807) 766-7222
e: cerah@lakeheadu.ca

Information Letter for Potential Participants

Dear Potential Participant,

We would like to invite you to participate in a project titled "LIVED EXPERIENCES OF 'HOME'", where we are currently seeking to understand the perspectives and experiences of 'home' of women who are on a waitlist to move into a long-term care home in Ontario.

WHO IS CONDUCTING THIS PROJECT?

- Emilie Gaudet, graduate student, Centre for Education and Research on Aging & Health (CERAH), Lakehead University
- Elaine Wiersma, associate professor, Centre for Education and Research on Aging & Health (CERAH), Lakehead University

WHAT IS THIS PROJECT ABOUT?

The project aims to talk to women who are currently on a waitlist to relocate into a long-term care home to understand more about your experiences and needs. We are also talking with women who have recently relocated into a long-term care home to get insight on their experiences. We are hoping to get a better understanding of how 'home' is experienced as women wait to relocate into a long-term care home and shortly after relocating into a long-term care home.

WHAT WILL THIS INFORMATION BE USED FOR?

The information gathered in this study will be used to inform the services in the region about ways they can facilitate the relocation process. Very little work has looked at both the experience of 'home' for women who are on a waitlist for relocation into long-term care home and for women who have recently moved into a long-term care home, and sharing your experiences will help us to potentially make recommendations that can help improve services and programs for people on waitlists to move into long-term care homes.

The researchers (Emilie & Elaine) may also be using this information to publish and make public presentations about this work, including using the findings to

inform relevant services about improvements that could be made to make relocation easier for women.

WHO IS THIS RESEARCH FUNDED BY?

This research is not funded. All data remains property of the researchers (E. Gaudet & E. Wiersma).

WHAT IS REQUIRED OF ME TO PARTICIPATE?

We will be asking you to participate in two interviews for approximately one to two hours over the phone. The second interview will take place approximately 1-2 weeks after the first interview. We will be asking you to think about your experiences being on a waitlist to relocate into a long-term care home and on how you experience 'home'. The interviews will be audiotaped so we (Emilie & Elaine) can have a better record of our conversations.

Following the two interviews, I will ask you whether you would be interested in meeting with me for a third, informal conversation for member-checking purposes. This third meeting will not be recorded. During this meeting, I will ask your opinion on the results of my analyses to confirm the accuracy of the analyses.

Participation is completely voluntary, and you may refuse to participate in any part of the study without consequence or penalty. If you choose, you do not have to answer any questions during the interview that you may be uncomfortable with. You may also have someone with you during the interview if it helps you feel more comfortable

WHAT IF I PARTICIPATE AND THEN CHANGE MY MIND?

If you change your mind about being a participant in this study, you can contact Emilie within three months of any interview at (807) 766-7123 or egaudet@lakeheadu.ca. All your information will be removed from the project. If you choose not to participate in a second interview, you may ask that we do not use information you shared during the first interview.

WHO WILL HAVE ACCESS TO THE INFORMATION I SHARE?

All data will remain anonymous and all name references will be replaced by pseudonyms. The data will remain locked in a filing cabinet at CERAH for up to 5 years at Lakehead University. Your name will never be attached to your quotes or experiences. Your quotes may be used with no identifying information attached to it.

WILL THERE BE ANY BENEFIT TO ME?

You may benefit from participation in the interviews by being presented the opportunity to talk about experiences you have lived through. From the information you (and others) share, I may be able to make recommendations that can help improve services and programs for people on waitlists to move into long-term care homes. Your status on the waitlist will not be affected in any way if you choose to participate (or not to participate) in this study. Wording has been changed

WILL THERE BE ANY RISK TO ME?

Your participation or your withdrawal from the research will have no impact on your experiences and access to present or future services in your community. Your status on the waitlist will not be affected in any way if you participate (or don't participate) in this study, and any organization you may be involved with through the waitlist process will not be aware of whether you decide to participate or not.

The level of risk associated with your participation is low. If you become emotionally triggered or distressed because of the nature of the study, we have information on supports that are available to you.

WHO CAN I CONTACT IF I HAVE MORE QUESTIONS?

Emilie Gaudet at (807) 766-7123 or egaudet@lakeheadu.ca
Dr. Elaine Wiersma at (807) 766-7294 or ewiersma@lakeheadu.ca

This research study has been reviewed by the Lakehead University Research Ethics Board. If you have any questions related to the ethics of the research and would like to speak to someone other than the researcher, please contact Sue Wright at the Research Ethics Board at [807-343-8283](tel:807-343-8283) or research@lakeheadu.ca.

HOW CAN I GET A COPY OF THE RESEARCH FINDINGS?

A summary of the research findings will be mailed to you or you can contact Dr. Elaine Wiersma at (807) 766-7294.

Appendix Q: Covid-19 Amendment - Verbal consent script for phone interviews**Verbal Consent Script**

After having gone over the information letter with you, do you have any questions for me about anything I mentioned? I will now ask for your verbal consent instead of having you sign a form.

Do you consent to participate in an interview about your experience of home?

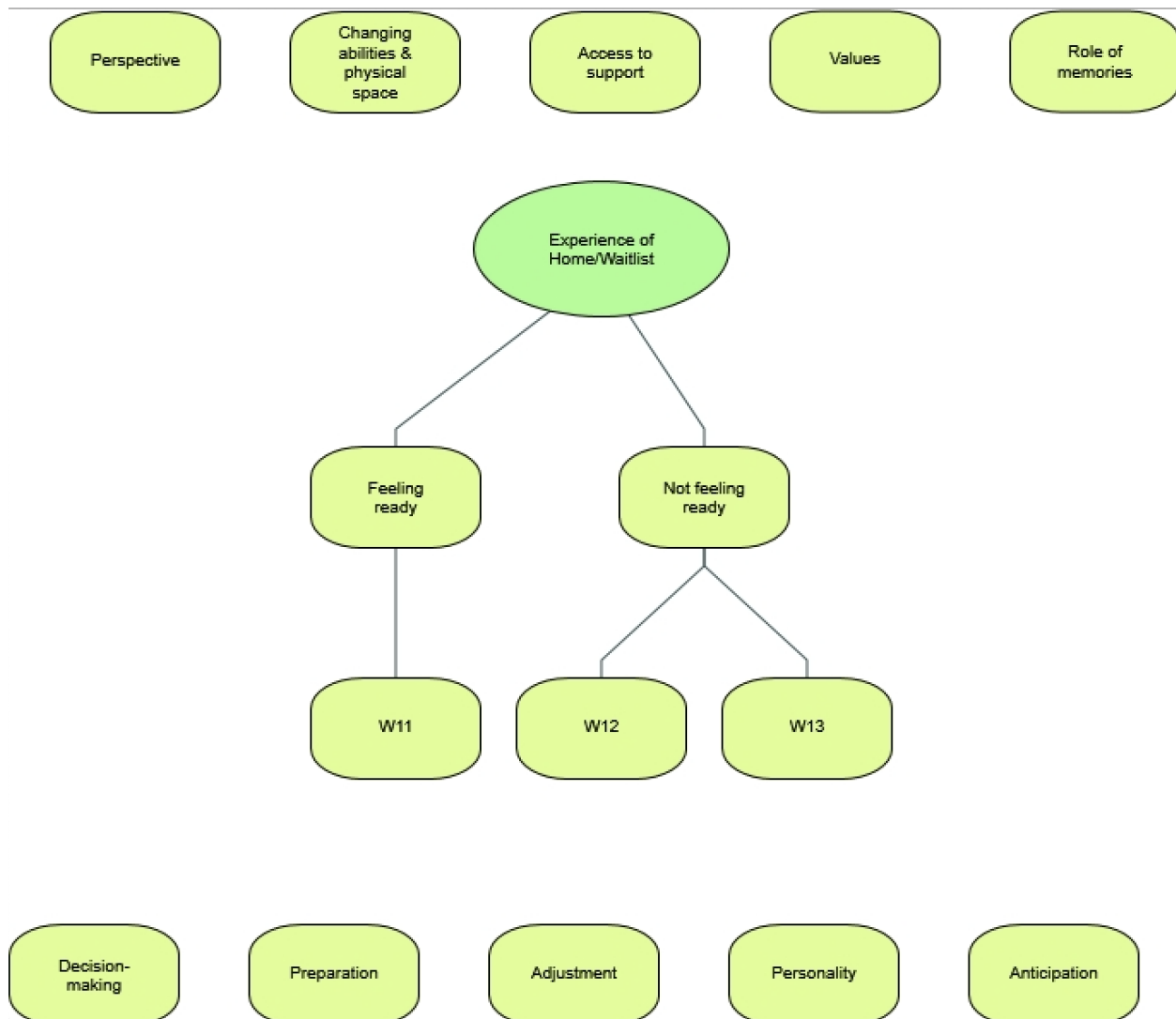
Have you understood the information I explained earlier, including the risks and benefits of the research?

Do you consent to have this conversation audio-recorded?

Would you like a copy of the research findings? If so, can I have your mailing address so I can mail it to you?

Appendix R: Diagram 1.

Visualization of emerging themes and exploring how they relate to differences in participants' perspectives



Appendix S: Diagram 2

Visualizing how emerging themes factored into the 4 pillars of the lived experience

